

PROVINCE OF SASKATCHEWAN



**09-10**

**ANNUAL REPORT**

**MINISTRY OF HEALTH**



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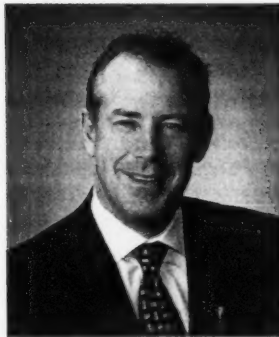
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This annual report is also available in electronic format from the Ministry's website at [www.health.gov.sk.ca](http://www.health.gov.sk.ca)

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## Letter of Transmittal - Minister



June 29, 2010

The Honourable Dr. Gordon L. Barnhart, S.O.M., Ph.D.  
Lieutenant Governor of Saskatchewan

May it Please Your Honour:

We respectfully submit, for your consideration, the annual report of the Ministry of Health for the fiscal year ending March 31, 2010.

The government has made a number of commitments to the people of Saskatchewan as it works to ensure the province benefits from a growing economy. A key government goal is to fulfill commitments made in the election platform, the Minister's Mandate letter, and the 2009 Throne Speech, while operating in an accountable and transparent fashion.

This annual report demonstrates the government's progress in meeting commitments that relate to the activities of this ministry. It is not only an important accountability document, but will also help to inform future planning and resource allocation in the upcoming years.

My ministry is committed to providing quality health care to the people of Saskatchewan by achieving a responsive, integrated, efficient, patient-centered health care system. We have made significant progress in achieving our mandated commitments as well as the health sector priorities, which include retaining and recruiting health care professionals, improving effectiveness and efficiency of the health system, improving access to health care, and closing the gaps in health disparities faced by vulnerable populations.

We continue to work on improving our health care system through providing exceptional care and service to the people of Saskatchewan that is consistent with both best practice and customer expectations.

Government has defined its direction for ministries and has communicated this direction through a vision and goals document released with the 2009-10 Budget. The Ministry of Health has developed a plan for 2009-10, which identifies strategies and actions for the health sector that align with the government's vision for a secure and prosperous Saskatchewan. We look forward to reporting on our success in meeting the actions laid out in the Ministry Plan for 2009-10.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read 'Don McMorris'.

Don McMorris  
Minister of Health

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## Letter of Transmittal - Chair



June 29, 2010

The Honourable Don McMorris  
Minister of Health

On behalf of ministry staff, I have the honour of submitting the Annual Report of the Ministry of Health. In accordance with The Department of Health Act, this report covers the activities of the ministry for the fiscal year ending March 31, 2010. The Ministry of Health is responsible for this report and provides assurance that the information contained within is accurate and reliable.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read "D. Florizone", followed by a horizontal line.

Dan Florizone  
Deputy Minister

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## Introduction

This annual report presents the ministry's activities and results for the fiscal year ending March 31, 2010. It reports on public commitments and other key accomplishments of the ministry.

With the release of the Ministry Plan for 2009-10, results are provided on the publicly committed strategies, actions and performance measures identified in the plan. This report also demonstrates progress made on government commitments as stated in the government Direction for 2009-10, the Minister's Mandate letter, throne speeches, and other commitments.

The 2009-10 Annual Report sets the stage for future planning and budgeting processes by providing an opportunity to assess the accomplishments, results, and lessons learned, and identifying how to build on past successes for the benefit of Saskatchewan people.

## Alignment with Government's Direction

The ministry's 2009-10 annual report aligns with the government's vision and three goals:

### Our Government's Vision

A secure and prosperous Saskatchewan, leading the country in economic and population growth, while providing a high quality of life for all.

### Government Goals

- Sustain economic growth for the benefit of Saskatchewan people, ensuring the economy is ready for growth and positioning Saskatchewan to meet the challenges of economic and population growth and development.
- Secure Saskatchewan as a safe place to live and raise a family where people are confident in their future, ensuring the people of Saskatchewan benefit from a growing economy.
- Keep government's promises and fulfill the commitments of the election, operating with integrity and transparency, accountable to the people of Saskatchewan.

Together, all ministries and agencies support the achievement of government's three goals and work towards a secure and prosperous Saskatchewan.

## Organization Overview

Through leadership and partnership, the Ministry of Health is dedicated to achieving a responsive, integrated and efficient health care system that puts the patient first, and enables people to achieve their best possible health by promoting healthy choices and responsible self-care.

The ministry oversees a complex, multi-faceted health care system. It establishes policy direction, sets and monitors standards, provides funding, supports regional health authorities (RHAs) and other agencies, and ensures the provision of essential and appropriate services. The ministry works in partnership with organizations at the local, regional, provincial, national and international level to ensure Saskatchewan residents have access to quality health care.

The ministry supports the RHAs, the Saskatchewan Cancer Agency, and other stakeholders to recruit and retain health care providers, including nurses and physicians, and regulates the delivery of health care. It is responsible for approximately 50 pieces of health-related legislation.

The ministry is committed to encouraging and assisting Saskatchewan residents in achieving their best possible health and well-being. Ministry activities include:

- Providing leadership on strategic policy;
- Establishing goals and objectives for the provision of health services;
- Leading financial planning for the health system and allocating funding;
- Providing provincial oversight for programs and services, including acute and emergency care, community services, and long-term care;
- Monitoring and enforcing standards in privately delivered programs such as personal care homes;
- Administering public health insurance programs such as the Saskatchewan Medical Care Insurance Plan;
- Delivering the Saskatchewan Prescription

Drug Plan;

- Operating the Saskatchewan Disease Control Laboratory; and
- Providing leadership on health human resource issues.

The ministry has 635.8 full-time equivalent (FTE) positions, fewer than the 668.1 FTEs indicated in the 2009-10 budget. The variance is primarily the result of vacancies and hard-to-recruit positions. The ministry has a dedicated workforce which provides strategic direction to the health care system and carries out a number of other activities, such as processing applications, paying bills, explaining programs, and answering inquiries from the public. The ministry is organized into 16 branches, each working to ensure the province's health care system operates in an effective and sustainable manner while remaining accountable to the people of Saskatchewan.

The ministry oversees a health care system that provides a range of services through a complex delivery system that includes 12 RHAs and the Athabasca Health Authority, the Saskatchewan Cancer Agency (SCA), affiliated health care organizations, and a diverse group of professionals, many of whom are in private practice. The health system, as a whole, employs more than 37,000 individuals. The province has 26 self-regulated health professions. The scope of services provided is illustrated by the following statistics, compiled during the 2009-10 fiscal year:

- 77,700 operating room surgeries
- More than 83,000 patients received CT scans
- 4.3 million family physician visits /11,800 visits per day
- 540,000 immunizations
- 513,408 immunizations for H1N1

In Canada, both the federal and provincial governments play a major role in the provision of health care. The federal government provides funding to support health through the Canada Health Transfer. It also provides

(continued)

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## Organization Overview

health services to certain members of the population (e.g. veterans, military personnel and First Nations people living on reserve). Provincial governments are responsible for most other aspects of health care delivery.

For more information on the ministry's programs and services, please visit the Ministry of Health website at: **[www.health.gov.sk.ca](http://www.health.gov.sk.ca)**.

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## Progress in 2009-10

The government has made a number of health care commitments that were outlined in the Minister's Mandate Letter (November 2007), the Speeches from the Throne (December 2007, November 2008, and October 2009), and the 2009-10 budget summary. The following is an update on significant progress made toward meeting those commitments.

Together, these initiatives support the government's overarching goals of sustaining economic growth, ensuring Saskatchewan is a safe place to live and raise a family, and making certain it keeps its promises to the people of Saskatchewan.

**The Ministry of Health supports government's goal to sustain economic growth for the benefit of Saskatchewan people, ensuring the economy is ready for growth and positioning Saskatchewan to meet the challenges of economic and population growth and development.**

### Strategy

Establish the health sector as a workplace that is effective at retaining and recruiting workers.

### Results

Work continues on the development of a 10-year comprehensive health human resource plan that builds on all of the previous experiences and knowledge gained from recruitment and retention initiatives, and the Patient First Review (2007 Mandate Letter).

Saskatchewan is continuing to make progress and meet its commitment to stabilize and build its nursing workforce. Payroll information shows that, as of March 31, 2010, RHAs had employed 650 more straight time nursing FTEs in 2009-10 than they did in 2008-09.

Given the province's strong economy, competitive wages, and success in meeting and exceeding recruitment and retention targets, the ministry is scaling back some of the financial non-physician recruitment and retention incentives in the health sector. The relocation and recruitment grant program more than achieved its originally intended purpose

to help recruit 400 nurses and 200 other health care providers. At the end of the program, a total of 2,520 individuals received grants: 108 physicians, 1,607 nurses, and 805 other health professionals.

The ministry is working with Advanced Education, Employment and Labour (AEEL), nursing educators and the Saskatchewan Registered Nursing Association in the development and implementation of two new nursing education programs in the province (2007 Mandate Letter). The University of Saskatchewan will deliver its own nursing program and the University of Regina and SIAST will partner in the delivery of the other program. The programs are scheduled to begin in the fall of 2011.

The Ministry of Health has established a Nursing Secretariat that will support nursing initiatives that enhance patient-centred care, improve patient health outcomes, and support retention and recruitment activities. The secretariat has established the Provincial Nursing Council (PNC) as recommended by Laura Ross in her role as Legislative Secretary to the Minister of Health, Nurse Recruitment and Retention. The council includes representation from senior nursing leaders across the province. The PNC will continue to advise the ministry and government on ways to recruit and retain nurses and improve patient care in Saskatchewan. The PNC has started work on key areas of patient and family-centred care, supported by strong nursing leadership and communication.

The Ministry of Health continues to meet regularly with representatives from the Saskatchewan Union of Nurses (SUN) and regional health authorities to discuss workplace issues and the implementation of the SUN/Government Partnership Agreement (2007 Mandate Letter). The SUN/Government Partnership Table and Joint RHA/SUN Retention and Recruitment Committees are looking at ways to improve retention and recruitment locally.

The Ministry of Health is committed to a strong medical workforce, which includes

## Progress in 2009-10

increasing medical school enrolments by adding 40 new training seats and 60 additional residency training positions (2007 Mandate Letter). As of July 2009, 24 additional post-graduate training seats were filled, bringing the residency seats to 108. The Ministry of Health, in partnership with the College of Medicine and AEEL, has developed a physician training strategy to meet the seat increase commitment by 2010-11.

A Provincial Physician Recruitment Strategy was developed and released in May 2009. The strategy focuses on: (i) the development of a provincial physician recruitment agency; (ii) a marketing campaign aimed at expatriate physicians and University of Saskatchewan medical students; (iii) the enhancement of medical training to prepare graduates to practice in rural Saskatchewan; (iv) competitive compensation; (v) programs to address lifestyle and professional support issues; (vi) the enhancement of the physician application and licensure process; and (vii) the development of a Saskatchewan-based program to assess foreign-trained physicians (2007 Mandate Letter).

On December 7, 2009, the government announced the establishment of the Physician Recruitment Agency to act as a one-stop point of contact for physicians seeking to set up practice in Saskatchewan. It will also enhance and coordinate recruitment efforts across the province, working closely with health regions and communities to address their need for physicians.

### Strategy

Improve the quality, efficiency, and cost effectiveness of the health system by ensuring access to the required equipment, capital, and electronic infrastructure.

### Results

Development of a 10 year capital plan continues (2007 Mandate Letter).

In 2009-10, \$20.15M was provided to regional health authorities and the Saskatchewan Cancer Agency for various capital equipment purchases.

- Capital equipment funding in the amount of \$13.75M was provided to help address the need for diagnostic, medical, surgical, patient comfort and safety equipment and IT equipment.
- Also included in this funding was \$1.5M for safety-lifting equipment. This funding marked the final year of a \$27M province-wide investment over four years.
- \$4.9M was provided to RHAs to replace the old FleetNet radio communications system with an up-to-date emergency communications system called the Provincial Public Safety Telecommunication's Network (PPSTN).

Approximately \$34M was provided in 2009-10 for facility construction, renovation and planning throughout the province.

- Construction was completed on the following projects in 2009-10: the Irene and Leslie Dubé Centre for Mental Health in Saskatoon; cardiac catheterization lab replacement at Royal University Hospital in Saskatoon; renovations to the dedicated oncology and stem cell transplant unit at Royal University Hospital in Saskatoon; and renovations to the Pasqua Hospital emergency room in Regina.

Construction on the \$23M Irene and Leslie Dubé Centre for Mental Health began in May of 2008 and was completed in early January of 2010. The provincial government provided 65% of the funding while the community provided 35%. On February 2<sup>nd</sup>, all mental health inpatient services were relocated to the Dubé Centre, including the 18-bed unit at Saskatoon City Hospital and the 32-bed unit at Royal University Hospital. The new facility will house a total of 64 beds on three units (two adult units and one child and adolescent unit).

Progress continues in the creation of addiction treatment beds (2007 Mandate Letter).

- During 2009-10, renovations were completed at Calder Centre in Saskatoon to better accommodate the 12 existing youth treatment beds and six youth stabilization beds that have been located within the

## Progress in 2009-10

facility. The ministry provided \$2.432M in capital and \$850K annual operating funds for the alcohol and drug abuse stabilization unit.

- Prince Albert Grand Council, in partnership with Prince Albert Parkland Regional Health Authority (PAPHR), has received approval for the development and operation of a 15-bed youth inpatient alcohol and drug abuse treatment facility, to be located on a parcel of land near the Victoria Hospital in Prince Albert. The ministry is providing \$4.6M in capital and \$1.885M in operating funds for the centre. Construction is expected to begin in summer 2010 with the building expected to open in summer 2011.
- Prince Albert Parkland Health Region received approval for a regionally-operated 14-bed integrated brief and social detox facility. The facility, also located on the grounds near Victoria Hospital, is an integrated facility with eight of the 14 beds dedicated for clients accessing brief detox services, and six beds for social detox services. The ministry provided \$3.612M in capital funds and will contribute \$1.1M in annual operating funds for the centre. A grand opening event was held on October 15, 2009 and the facility began accepting clients on October 19, 2009.
- The ministry continues to work with Prince Albert Parkland Health Region (PAPHR) on a proposal for a provincial family treatment centre that will accommodate 8 families.
- The Ministry of Health provided \$6.618M in capital funding for the development of a 45-bed integrated brief and social detox facility in Regina. The 25 social detox beds and 20 brief detox beds became operational in April 2010. The ministry will also contribute \$1.125M in annual operating funds for this facility.

The ministry provided funding for the continued construction of the following projects: Rawlco Maternal and Newborn Care Centre at the Regina General Hospital, the Humboldt Hospital, Oliver Lodge expansion in Saskatoon, and the ICU and CCU renovation/expansion at Royal University Hospital.

Planning also continues on the Children's Hospital of Saskatchewan in Saskatoon, the Ambulatory Surgery Centre in Regina, Saskatchewan Hospital North Battleford, Swift Current long-term care replacement, Lloydminster Hospital renovation, the Victoria Hospital expansion in Prince Albert, and the Moose Jaw Union Hospital. Projects also in planning include the replacement of thirteen long-term care (LTC) facilities in Biggar, Kelvington, Kerrobert (LTC and acute), Kipling, Maple Creek (LTC and acute), Meadow Lake, Prince Albert, Radville, Redvers, Rosetown, Shellbrook (LTC and acute), Tisdale, and Watrous.

In 2009-10, the ministry began regular reporting on access to specialized diagnostic imaging services (MRI, CT and bone mineral density testing) on the diagnostic imaging web page within the Ministry of Health's Web site ([www.health.gov.sk.ca/diagnostic-imaging-network](http://www.health.gov.sk.ca/diagnostic-imaging-network)). The web page provides information on the volume of diagnostic imaging exams performed, number of patients waiting, and patient wait times. In addition, the web pages describe system processes and how to access diagnostic imaging services in the province.

With additional funding provided to health regions in 2009-10, the number of patients receiving CT services increased by 4.0% and the number of patients receiving MRI services increased by 24.5%.

Funding for specialized DI in 2009-10 included:

Saskatoon Regional Health Authority (\$5.9M):

- \$1.9M added to base operating funding for operating costs of the new MRI at St. Paul's Hospital
- \$3.09M transferred to base operating funding to rebase specialized DI patient volumes
- \$0.570M for 780 additional patients to receive MRI services
- \$0.380M for 520 additional nuclear medicine tests

## Progress in 2009-10

Regina Qu'Appelle Regional Health Authority (\$1.341M):

- \$1.0M added to base operating funding for specialized DI pressures
- \$0.176M transferred to base operating funding to rebase specialized DI patient volumes
- \$165K for MRI equipment rental

Prince Albert Parkland Regional Health Authority:

- \$325K for 1500 additional patients to receive CT services

As of March 31, 2010 all health regions providing CT services, with the exception of the Regina Qu'Appelle Regional Health Authority (RQRHA), were at or below the 90 day target timeframe for elective CT services. Work is underway to improve their ability to deliver CT services in a timely manner by exploring third-party delivery of CT services within the publicly funded, publicly administered health care system

Demand for MRI services has been increasing. The recent addition of a third MRI in Saskatoon and the replacement of one MRI in Regina will help bring wait times in line with the target timeframe for elective services.

The Ministry of Health, together with the regional health authorities and the Saskatchewan Medical Association, began the implementation of electronic medical record (EMR) solutions for primary health care sites and physician offices. These solutions will allow primary health care teams and physicians to create and maintain "electronic" patient charts in their clinics. These solutions will also eventually allow clinicians to share information with the provincial electronic health record.

### Strategy

Demonstrate system-wide improved performance through the adoption of quality improvement methods and approaches.

### Results

In November 2008, the ministry adopted a culture of "Lean," a quality improvement approach that empowers people to innovate and eliminate work processes that do not produce value to patients, families, residents, clients, and those with whom we collaborate to provide services. Lean is a simple strategy that focuses on eliminating waste, variation, and work imbalances to increase the efficiency and effectiveness of the health system (2009-10 Ministry Plan).

Since adopting Lean, 10 ministry teams have witnessed remarkable improvements in service delivery, staff and client satisfaction as a result of their lean journey. In April 2010, three additional teams began their lean transformation. The ministry has also been working closely with regional health authorities and the Saskatchewan Cancer Agency to launch a province-wide, coordinated approach to Lean. As of March 31, 2010, more than 50 lean teams representing 11 health regions and the Saskatchewan Cancer Agency are active in the province. Through efforts such as these, we are improving patient satisfaction, enhancing staff morale (by putting power in their hands to change out-dated processes and eliminate non-productive steps from their work), improving system productivity, and freeing up time for direct patient care and service delivery.

Releasing Time to Care™ (RTC), which has been licensed from the National Health Service Institute for Innovation and Improvement in England, is a patient-centred approach to improving the quality of care on acute care nursing wards by freeing caregivers' time for more direct patient care. Pilot testing of the RTC program began on two acute care wards in the fall of 2008. The next phase of the program's release involved the implementation of RTC in an additional 12 wards/facilities across six health regions in 2009-2010, and marked the beginning of a provincial rollout that will see all medical and surgical wards actively implementing the program by 2012. As of March 31, 2010,

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## Progress in 2009-10

1132 beds in 36 wards/facilities were licensed to implement the program. Based on the 2008 annual bed survey, this represents approximately 38% of all acute care beds in Saskatchewan (2009-2010 Ministry Plan).

A provincial roll-out strategy has been developed by the Health Quality Council (HQC) to ensure that the spread of the initiative will meet established targets.

As of March 31, 2010 Releasing Time to Care™ already achieved promising results, including:

- The Pasqua Hospital's orthopedics unit decreased staff injuries by more than 50 per cent within six months.
- The Pasqua Hospital's oncology unit increased the amount of time nurses spend on direct patient care during a shift from 26% to 41%.
- The equivalent of one full-time position was saved on the medical ward at Moose Jaw Union Hospital by improving shift handover processes.
- An estimated 270 hours of nursing time will be saved by improving access between the IV and medication rooms on the surgical ward of Prince Albert's Victoria Hospital.
- Using staff and patient ideas, Saskatchewan Hospital in North Battleford is reducing the distance walked annually by staff by about 2,500 km through more efficient organization and re-location of supplies.

The Ministry of Health continued with Accelerating Excellence, which was launched in 2008 by the Health Quality Council. The aim is to yield improved care processes that are measurable and sustainable throughout the health system. Phase one involved deployment of the Quality as a Business Strategy (QBS) leadership learning collaborative, which aims to teach health care leaders lessons from high performing health

care systems on how to integrate management for quality into organizations. Over 20 teams are participating in QBS, including all regional health authorities, the Saskatchewan Cancer Agency, the Ministry of Health, the College of Physicians and Surgeons of Saskatchewan, the Saskatchewan Registered Nurses Association, the College of Nursing, Métis Nation of Saskatchewan, Northern Health Strategy, Saskatchewan Association of Health Organizations, Saskatchewan Association of Licensed Practical Nurses, Saskatchewan Medical Association, Saskatchewan Union of Nurses, Saskatoon Convalescent Home, SIAST Nursing Division, and the Pharmacists Association of Saskatchewan.

The ministry developed a revised accountability document to ensure that RHAs are responsible and accountable for the effective and efficient use of public funds. The accountability document aligns and focuses performance targets on key areas in the ministry's strategic plan. The 2009-10 strategic and operational directions for the health sector, which is part of the accountability document, outlines the health system goals, strategies, and key actions to work toward achieving these goals. Each of the key actions includes measures and targets by which the ministry can monitor and assess progress. Regular reports to senior leaders both within the Ministry and the health sector were reviewed (2007 Mandate Letter).

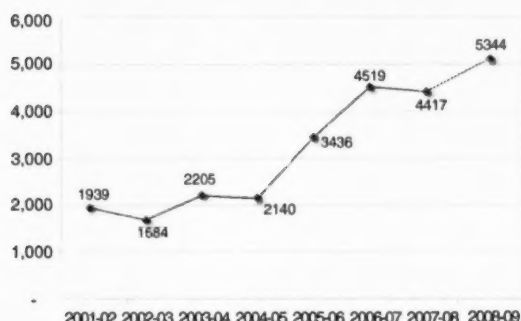
In 2009-10, the Ministry of Health provided \$1.6M in funding to the regional health authorities and Saskatchewan Cancer Agency to help them provide safety training and education to staff. This funding was part of a 2007-08 commitment to provide a total of \$31M (\$27M in capital and \$4M in training and education) for safety related initiatives including the purchase of bariatric equipment, patient lifts and other safety equipment. .

# Progress in 2009-10

## Measurement Results

### Number of clients contacting Quality of Care Coordinators (QCC)

Number of QCC Contacts by Clients



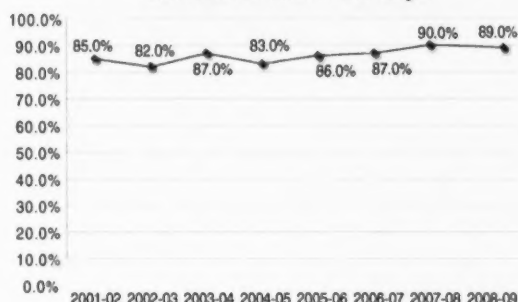
### Significance of the Measure

Regional health authorities are required to report a summary of their client concern information (without any identifying or case-specific information) to the ministry. This information is one way of tracking the volume of health care concerns and identifying areas to target for quality improvement. The number of client contacts is in part representative of the success of regional health authorities and the Ministry of Health in publicizing the role and responsibilities of the Quality of Care Coordinators in resolving client concerns. This long-term measure is influenced by promotion and data collection efforts of regional health authorities. As the Ministry is not a direct health service provider, the influence on this measure is impacted by the quality of services provided by regional health authorities.

2008-09 total: 5,344 (as of October 9, 2009, based on data provided May 18, 2010)

### Percent of Quality Care Coordinator (QCC) contacts concluded within 30 days

Percentage of QCC Client Concerns Concluded Within 30 Days



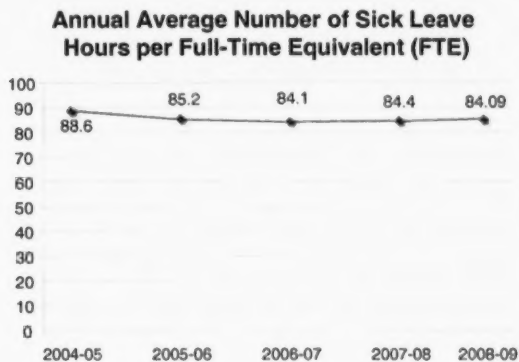
### Significance of the Measure

In addition to tracking the volume of concerns, QCCs also record how quickly each concern was concluded. A concern is determined to be concluded from the regional health authority's perspective when the QCC provides a written or oral response regarding the issue raised. Conclusion of a concern does not necessarily represent resolution or satisfaction for the client who reported the concern. Rather, it represents the conclusion of the investigation/intervention process and the sharing of those outcomes with the client. The Ministry of Health requires partnerships with regional health authorities to ensure that reports of client concerns are accurately recorded and relayed to the ministry.

2008-09 total: 89% (as of October 9, 2009, based on data provided May 18, 2010)  
2009-10 data not yet available

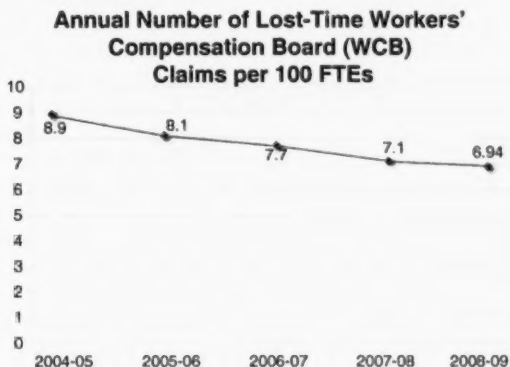
# Progress in 2009-10

## Average number of sick leave hours per FTE



2008-09: 84.09  
2009-10 data not yet available

## Average number of lost-time WCB claims per 100 FTEs



2008-09: 6.94  
2009-10 data not yet available

## Average number of lost-time WCB days



2008-09: 447.17  
2009-10 data not yet available

## Significance of the Measures

The ministry monitors sick leave usage and injuries by health care workers. Absence as a result of illness (sick leave) or injury is often used as a proxy measure for a healthy workplace. Absenteeism is one of the five "Quality of Worklife Indicators" identified by the Canadian Council on Health Services Accreditation (2002). Saskatchewan's Provincial Auditor has recommended the ministry and regional health authorities set targets for reducing work-related injuries. Due to the nature of the health care business, employers usually need to replace absent workers to ensure safe patient care. Reducing the amount of sick leave and workplace injuries, by addressing the root causes has the potential to contribute significantly to employee quality of life and the health system's overall efficiency and cost-effectiveness.

Quarter 1-3 indicators for 2009-10 show that

## Progress in 2009-10

the rate of sick time in the health system did not see an overall decline in 2009-10, however, the health system was also responding to the H1N1 pandemic during this time. The continued reduction in lost time WCB claims and days in 2009-10 is a positive result. This reduction is likely reflective of attendance management programs, improved focus on occupational health and safety programs, and increased use of the Saskatchewan Association of Health Organization's (SAHO) Transfer, Lifting and Repositioning program.

**Secure Saskatchewan as a safe place to live and raise a family where people are confident in their future, ensuring the people of Saskatchewan benefit from the growing economy.**

### Strategy

Develop and implement a Saskatchewan model of individual and family-centered health care.

### Results

Tony Dagnone, independent commissioner of the Patient First Review, submitted his report, entitled *For Patients' Sake*, to the Minister of Health on October 15, 2009 (2007 Mandate Letter). The review examined the Saskatchewan health care system through the eyes of the patient, and utilized dialogues and written submissions from patients, front-line health care providers and organizations that have a stake in how health care programs and services are delivered in Saskatchewan. While the commissioner heard many stories of the excellent care patients received, he also found that there were also many patient experiences that could have been much better. In order for Saskatchewan to keep the best and fix the rest, the commissioner developed 16 recommendations for improvement, 13 of which focused on improving the patient experience and three on improving system performance and leadership.

The first and foremost recommendation in the commissioner's report is for the provincial

health care system to adopt a patient- and family-centred care approach. This approach recognizes that optimal health care services are provided when patients and their family members are partners with health care providers and administrators, not only in the care the patients receive but in the planning and evaluation of those health care services. The Minister of Health announced in October 2009 that Saskatchewan would be adopting this approach and in November 2009, health system leaders concurred and stated this was a high priority for the system.

The Ministry of Health continued its work in developing a framework for the adoption of a patient- and family-centred care approach in 2009-10. Other recommendations from the Patient First Review include implementation of the Saskatchewan Surgical Initiative, development of a seniors' care strategy, continued development of both an electronic health record and electronic medical record, establishment of a shared services organization, and implementation of population health initiatives such as a tobacco control strategy, injury prevention strategy, and a framework for healthy weights.

In 2004, Health Quality Council (HQC) initiated the first province-wide measurement of patients' experience of hospital care in Saskatchewan. They continue to lead and support the ongoing collection of patient experience data in acute care hospitals allowing decision makers and providers to have continuous intelligence on the voice of their customer to inform opportunities for improvement. In just a few years, the HQC has helped the province progress from a situation in which there was no systematic collection of patient experience feedback to the present situation in which 33 hospitals across 10 health regions receive feedback information from the patient survey on a monthly basis. The HQC is currently working with regional health authority (RHA) colleagues on surveying individuals about their experience in emergency departments and intends to publish a public report on the findings in 2011. These patient surveys

## Progress in 2009-10

also support the regions in achieving the requirements of Accreditation Canada for hospital quality accreditation. Saskatchewan's patient experience survey was the first in the country to be recognized by Accreditation Canada (2007 Mandate Letter).

### Strategy

Develop and implement a cross-ministry strategy/approach for promoting healthy living.

### Results

Development and implementation of a comprehensive tobacco control strategy has begun, and additional funding was allocated for tobacco reduction priority activities in Saskatchewan (Throne Speech October 2009). Early in 2009-2010, the ministry met with representatives from regional health authorities, non-governmental organizations, business associations and health professional associations to identify tobacco reduction priorities for Saskatchewan. An action plan for implementation was developed in partnership with stakeholders. Actions are being taken by working teams in the areas of: increasing public awareness, targeting youth, engaging community, strengthening legislation, enhancing cessation activities, First Nations and Métis participation and evaluating effectiveness.

Consultations on amendments to The Tobacco Control Act occurred in October 2009. The ministry consulted with several organizations including retailers associations, professional associations, regional health authorities, advocacy groups, and other ministries. Amendments to The Tobacco Control Act were introduced in the Legislative Assembly on December 2, 2009. Consultations on regulations are underway.

In fall 2009, the Ministry of Health and Ministry of Education adopted Comprehensive School Community Health (CSCH) as a framework for health promotion activities in the school setting (2007 Mandate Letter).

The Ministry of Health continues to work with the Ministry of Education in the areas of healthy eating, physical activity and tobacco misuse:

- The Ministry of Health was a key partner in the development of Nourishing Minds: Towards Comprehensive School Community Health, Nutrition Policy Development in Saskatchewan Schools, which was released by the Ministry of Education in October 2009. Nourishing Minds provides school divisions with guidelines for policy development related to the availability of healthy food in schools.
- The Ministry of Health, in partnership with the Ministries of Education and Tourism, Parks, Culture and Sport, developed a policy document, Inspiring Movement: Towards Comprehensive School Community Health: Guidelines for Physical Activity in Saskatchewan Schools, which has been approved by the Ministry of Education and is posted on their website
- The Ministry of Health has supported the development of a grade 6 sample unit, Can I Be Healthier: Examining Tobacco. The purpose of the unit is to introduce students to health promotion efforts such as tobacco legislation as well as to examine the influences of advertising, marketing and promotion of tobacco products. This has been developed in conjunction with the Ministry of Education.
- The Ministry of Health continues to work with the Ministry of Education to assist licensed family childcare facilities with the provision of well-balanced, nutritious food for the children in these settings. In March 2010 revised and updated versions of support materials (i.e., menu planning template and menu planning checklist with nutrition criteria) were distributed by the Ministry of Education.

The mental health strategy will be informed by the Patient First Review that was released in October 2009. The ministry has begun

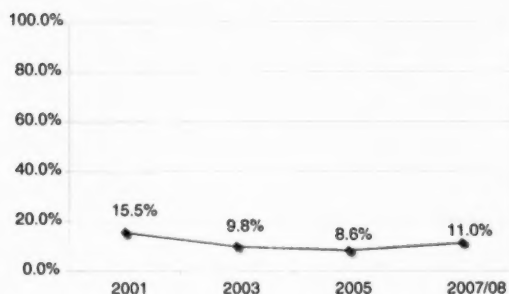
## Progress in 2009-10

the preliminary stages of a strategic planning process for mental health.

### Measurement Results

#### Per cent of daily youth (12-19 years of age) smokers in Saskatchewan

Percentage of daily youth smokers (12-19 years of age) in Saskatchewan



Note: The 2005 data presented in the 2009-10 Performance Plan was not weighted and is therefore not as reliable as the new data presented below. In addition, the 2007 data was previously from a half sample, which is now complete with the addition of the 2008 data. 2007 should be replaced with the combined 2007/08 data to be more accurate.

### Significance of the Measure

This measure is related to the ministry's strategy to improve population health through health promotion, protection, and disease prevention.

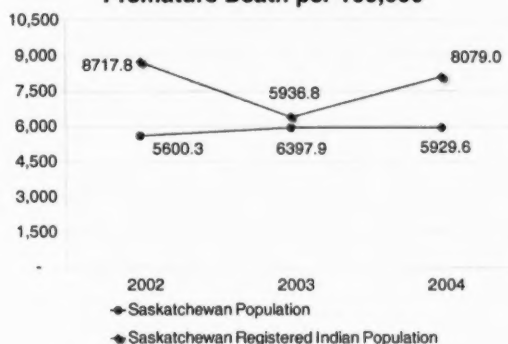
The Canadian Community Health Survey (CCHS) conducted by Statistics Canada provides information related to health status, including provincial data on the percentage of daily youth (12-19 years of age) who smoke. Tobacco use is the leading cause of preventable illness and death in Canada and this measure is an indicator of the health of the population. Because of the addictive nature of nicotine, it is necessary to develop prevention and promotion strategies that deter youth from beginning to smoke. Since 2000, the percentage of daily youth smokers (12-19 years of age) in Saskatchewan has dropped by approximately five percentage points. The

Ministry of Health, RHAs, Health Canada, community-based organizations, professional associations, and the public all play a role in changing smoking behaviour. Monitoring the trend in youth smokers is a long-term measure and changing personal behaviour is often a lengthy process and is affected by factors outside the influence of the ministry.

Although tobacco-use rates have begun to stabilize in the province over the last two to three years, those rates are still high. Last fall, the Government took significant steps to protect the health of Saskatchewan residents, particularly our children and young people, by introducing new legislation and a comprehensive new strategy to further reduce tobacco use in the province.

#### Potential years of life lost (PYLL) due to premature death

Potential Years of Life Lost Due to Premature Death per 100,000



### Significance of the Measure

Potential years of life lost (PYLL) is the number of years of life lost when a person dies prematurely from any cause – defined as dying before age 75. A person dying at age 25, for example, has lost 50 years of life. This long-term measure focuses on deaths among the non-elderly and reflects success in preventing or postponing premature death. This premature loss of life has social and economic consequences and is an overall indicator of the effectiveness of preventive

## Progress in 2009-10

programs, as well as the health and well-being of the population. This is a broad level measure, where influence is limited by the broad determinants of health. It is less a measure of health system performance than overall socio-economic and environmental circumstances. We have been reporting the indicator the potential years of life lost (PYLL), as its data are released by the Statistics Canada. The most recent data available on this indicator is for the year 2004.

### Strategy

Develop and implement a strategy to better manage surgical waitlists and improve access to care.

### Results

As a lead-out response to the Patient First Review, and to achieve the commitment made in the 2009 Throne Speech to reduce surgical wait times, the Ministry of Health launched the Saskatchewan Surgical Initiative (SKSI). The goals of the initiative are to transform the patient's surgical experience and achieve the government's goal of reducing surgical wait times to no more than three months within four years.

On March 29, 2010 a plan entitled *Sooner, Safer, Smarter: A Plan to Transform the Surgical Patient Experience* was released to the public. The plan represents the collaboration of physicians, surgeons, nurses and other care providers, former surgical patients, health system organizations, health unions, and ministry officials. The plan, which can be found at <http://www.health.gov.sk.ca/saskatchewan-surgical-initiative>, contains 25 specific initiatives under five objectives:

- Shorter waits for surgery
- Better patient experience
- Safer, higher quality care
- Support for good health
- Patient- and family-centered health care providers

Most of the initiatives in the plan will also contribute in some way to the sustainability of

surgical services in Saskatchewan.

The 2010-11 provincial budget committed \$10.5 million to the first year of the SKSI. These funds have been directed to initiatives that will reduce the current surgical backlog and improve patients' surgical care experience. Many of these initiatives are either in progress or under development.

Regina Qu'Appelle Health Region continues to work on plans for an Ambulatory Surgery Centre as part of its Increasing Surgical Services Capacity project. The planned centre will increase the region's capacity to perform ambulatory surgery procedures that do not have to be done in a hospital, and free operating room time in the main hospital operating rooms for more inpatient surgery and complex day surgery procedures. The province has committed \$14M to the project.

Surgical volumes in Saskatchewan increased by nearly 1,800 cases in 2009-10 compared to 2008-09. Part of the increase is attributable to implementation of a provincial clinical pathway for hip and knee replacements.

Through the leadership of the Saskatchewan Surgical Services Subcommittee, a provincial hip and knee pathway has been implemented in the province. Since the pathway process was implemented in January 2009, hip and knee surgical volumes increased by 516 cases over a nine-month period, year over year, with a resulting significant decrease in patient wait times for surgery. A provincial spine pathway has been developed and will be implemented in 2010-11. The provincial prostate education pathway is completed, and electronic, interactive educational materials are posted at [www.healthlineonline.ca](http://www.healthlineonline.ca). The full prostate cancer pathway is under development.

Regina Qu'Appelle Health Region has been operating the Bariatric Surgery Assessment Clinic, following a successful 15-month pilot project. In September 2009, when the program began, 124 patients participated in the pre-surgical program. In 2009-10, 50 bariatric surgeries took place, some of which would include participants in the pilot project.

Access to hemodialysis has been improved

## Progress in 2009-10

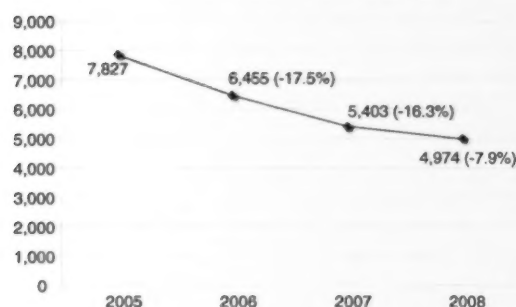
with the introduction of a home hemodialysis program in 2009-10. The first patients started their training in May 2009. The Saskatoon and Regina Qu'Appelle Health Regions anticipate having 13 patients throughout the province doing hemodialysis at home this fiscal year with another four patients in training.

To ensure patients receive care in an appropriate setting, regional health authorities began work to reduce the number of long-term care patients who occupy an acute care bed while awaiting long-term care placement. Provincially, RHAs reported a reduction in 2009-10 in the number of long-term care patients who occupy an acute care bed while awaiting placement.

### Measurement Results

#### Number of patients waiting longer than 12 months for surgery

Number of Patients Waiting Longer than 12 Months for Surgery



4,280 (as of March 31, 2009)  
2009-10 data not yet available

### Significance of the Measure

This measure is related to the ministry's strategy to develop and implement a strategy to better manage surgical waitlists and improve access to care. Further, this measure

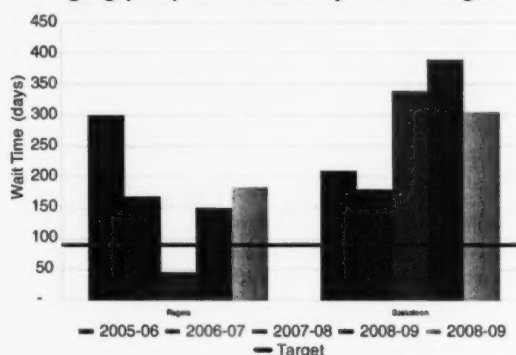
supports the multi-year, system-wide strategy to transform the patient surgical experience and reduce surgical wait times to three months in four years, as promised in the 2009 Throne Speech. This measure is important to the ministry because it helps to assess the length of time patients are waiting, and the number of patients impacted.

The ministry is working with the RHAs, physicians, and other key players to develop and implement a multi-year, system-wide strategy that will continue to support existing initiatives and develop new system-wide improvements. Where resources are available, the ministry is able to strategically increase capacity and impact patient waits.

The number of patients waiting longer than 12 months has decreased since 2005. Surgical volumes are obtained from the Saskatchewan Surgical Care Network (SSCN) Surgical registry, which is updated monthly.

#### Historical elective magnetic resonance imaging (MRI) wait times by health region

Historical Elective Magnetic Resonance Imaging (MRI) Wait Times by Health Region

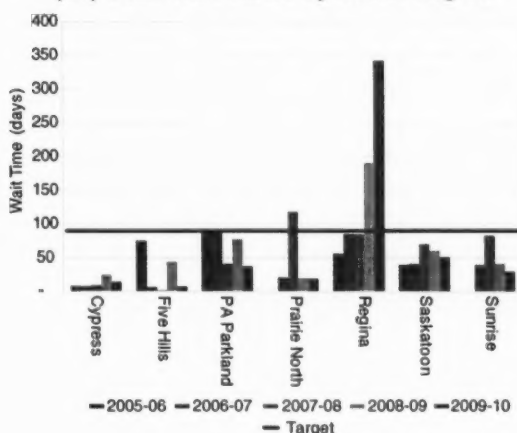


\* All data from DI database permanent record, with the exception of all 2009-10 data, taken from respective SAS datasets.

# Progress in 2009-10

## Historical elective CT scan wait times by health region

**Historical Elective Computerized Tomography (CT) Scan Wait Times by Health Region**



\* All data from DI database permanent record, with the exception of Regina 2009-10, taken from SAS dataset

### Significance of the Measure

The above charts show maximum wait time for an elective patient requiring a MRI or a CT scan on March 31st of 2006, 2007, 2008, and 2009 as reported by the regional health authorities to the Ministry of Health. The target time for a patient to receive an elective MRI or CT scan procedure is within 90 days.

Performing MRI scans assists specialists in diagnosing patients and choosing appropriate treatment. A patient's wait time is an indication of how quickly a patient's clinical condition can be diagnosed and treatment decisions made. A patient's priority to receive an MRI scan is determined by the patient's physician and the radiologist based on a provincial Urgency Classification System (see information below).

Performing CT scans assists specialists in diagnosing patients and choosing appropriate treatment. A patient's priority to receive a CT scan is determined by the patient's physician and the radiologist based on the same provincial Urgency Classification System.

## URGENCY CLASSIFICATIONS:

**Level 1- Emergency** - Targeted time frame: 0 - 24 hours (Level 1 wait times are defined as emergent, and services are provided within 24 hours of request, thus wait times for this urgency level are not reported in the above table. Strokes and unconscious patients in emergency are examples of level 1 exams).

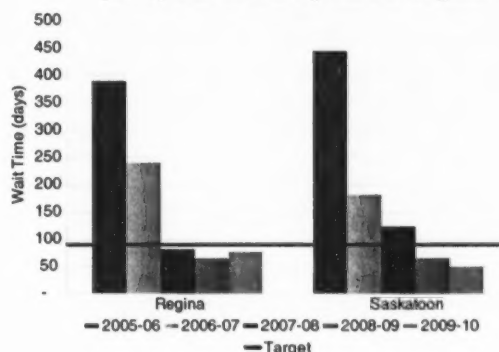
**Level 2- Urgent** - Targeted time frame: 2 - 7 days

**Level 3- Semi-Urgent** - Targeted time frame: 8 - 30 days

**Level 4- Elective** - Targeted time frame: 30 - 90 days

## Historical Bone Mineral Density (BMD) wait times by health region

**Historical Bone Mineral Density (BMD) Wait Times by Health Region**



\* All data from DI database permanent record, with the exception of Regina 2009-10, taken from SAS dataset

### Significance of the Measure

The above chart shows maximum wait time for an elective patient requiring a bone mineral density scan on March 31 of 2006, 2007, 2008, and 2009 as reported by the regional health authorities to the Ministry of Health. The target time for a patient to receive an elective BMD procedure is within 90 days. A BMD test is a screening method to identify patients with reduced bone mass. BMD testing

## Progress in 2009-10

allows for early detection of patients at risk for bone fractures and related injuries and for prescription of appropriate treatments to reduce their risk. As a preventative tool, BMD testing is aimed at identifying patients with potential for developing osteoporosis. Early detection and treatment can assist in reducing potential injury to patients.

### Strategy

Develop and implement a strategy for improving access to care.

### Results

Work continues to expand the number of drugs covered under the provincial drug plan (2007 Mandate Letter). Since November 2007, the Ministry of Health has added a number of new drugs, as well as new indications (i.e. new diseases/conditions) for currently covered drugs under the Saskatchewan Formulary. Some highlights include: Lucentis for the treatment of age related macular degeneration; Lyrica and Cymbalta for the treatment of neuropathic pain; Fosavance for improved access to treatment of osteoporosis; Levemir, Lantus and Apidra insulins to treat diabetes, as well as improved access for Humalog and NovoRapid insulins. A number of interchangeable generic drugs have also been added under the Saskatchewan Formulary.

The Ministry of Health is committed to strengthening cancer care screening and prevention (2007 Mandate Letter). The Saskatchewan Cancer Agency (SCA) submitted a proposal for a provincial population-based Colorectal Cancer Screening program in June 2008. The ministry has given the agency approval for further planning, development and implementation, including access to the \$1.1M released for this program. Phase one of the program implementation was launched on September 28, 2009 at the Five Hills Health Region. A phased in approach to program implementation allows the agency to address any issues that may arise in preparation for province wide implementation. The second phase of the program is expansion to one to two more RHAs beginning

in 2010 with province-wide implementation completed by 2012.

The Ministry of Health is supporting an Integrated Stroke Strategy Pilot Project, in partnership with the Sunrise Health Region and the Heart and Stroke Foundation of Saskatchewan (HSFS). Based at Yorkton Regional Hospital, the pilot is focusing on secondary stroke prevention and rehabilitation (Ministry Plan 2009-10). The region will provide the Ministry of Health with results to determine the effectiveness of both the pilot project and the services provided by rehabilitation and secondary stroke prevention health professions.

Funding of \$50,000 was provided to the Alzheimer Society of Saskatchewan in 2009-10 to expand the services of the First Link Program to smaller urban and rural areas of the province. The purpose of the First Link Program is to enhance the quality of life for those people living with Alzheimer's Disease and Related Dementia (ADRD), their families and care providers. It will allow those living with dementia to link with community agencies and supports at the time of diagnosis and throughout the course of their disease. It will also improve the relationship and communication between the various stakeholders and care providers working with ADRD clients and their families. The First Link program also provides a referral process that ensures both the engagement and response of those involved, by facilitating the paper work and contacts on the client's behalf. The Alzheimer Society continues to work on expanding the First Link Program to smaller urban and rural areas.

The Canadian Institute for Health Research (CIHR) selected Saskatchewan's research questions and provided McMaster Health Forum with funding for a project to synthesize research on rural health strategies. A Steering Committee within the Ministry of Health was formed to collaborate with McMaster Health Forum on consultations with key informants and the research process. This research will be used to develop a strategy for delivering services to residents living in rural and remote parts of the province.

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## Progress in 2009-10

In 2009-10, the development of a seniors care strategy began (2007 Mandate Letter). Laura Ross, MLA, was appointed as Legislative Secretary, Long-Term Care Initiative, in May 2009, to investigate the following five issues: accessibility of personal care homes, abuse of older adults, home care supports, falls prevention and the feasibility of developing a seniors' secretariat. Thirteen public consultations have been held across the province to capture the voice of seniors and other stakeholders. On January 18, 2010, a small focus group was held with a select number of individuals to review the major themes that evolved during the consultations and discuss some opportunities for action. The findings from the Patient First Review and the work of the Legislative Secretary, Long-Term Care Initiative, will inform the development of the seniors' care strategy.

A children's therapy service delivery model has been developed, and distributed to RHAs', for use as a road map to plan and implement rehabilitation therapy programs in speech language pathology, occupational therapy and physical therapy. The model was developed by the Ministry of Health in collaboration with rehabilitation therapy providers throughout the province.

New primary health care initiatives started in 2009-10 include teams in Moose Jaw, Maidstone, and Meadow Lake. A Women's Wellness Center was established in Yorkton in April 2009 and a interdisciplinary team of health professionals now provides services to Saskatoon's inner city school students and their families. Regina launched a new student led health initiative aimed at providing enhanced health and community services to residents of one of Regina's core neighbourhoods.

Pharmacists have been engaged as members of nineteen primary health care teams. In the first eight months, almost 1,000 medication assessments were performed resulting in approximately 800 medication change recommendations, of which 87% were accepted. One hundred and eighty drug information questions were answered and

132 hours of group patient education and 166 hours of health provider education were also completed.

### Strategy

Continue to work with vulnerable populations to close the gap in health disparities.

### Results

As part of our Aboriginal Health Transition Fund project, the Ministry of Health has partnered with the Métis Nation – Saskatchewan to create structures and processes to enable both parties to better respond to the health care needs of the Métis population by adapting the current system.

The Aboriginal Health Transition Fund Pan-Canadian Envelope provides federal funding to support cross-jurisdictional, cross-Inuit, cross-First Nations, and cross-Métis approaches to integration and adaptation. The Ministry of Health has agreed to be the administrative partner of the MN-S Pan-Canadian Project entitled The Northern Saskatchewan Métis Youth Suicide Prevention Strategy, which will develop and implement roles and responsibilities of three community health co-ordinators to work with regional health authorities and the Northern Health Strategy and to develop a Métis Youth Suicide Prevention Strategy.

On August 19, 2008, the Ministry of Health, the Government of Canada and the Federation of Saskatchewan Indian Nations (FSIN) signed a Memorandum of Understanding (MOU) on First Nations Health and Well-Being. The MOU established a formal partnership to improve the coordination of health programming, reduce administrative duplication, better adapt programs to the needs of First Nations, and address the gaps in health services. The terms of reference were established in July 2009, and approved in September 2009. In November 2009, five task groups, involving representation from each of the three parties, began meeting to find solutions and make recommendations in five priority areas on how to improve service to, and the health of, First Nations people.

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## Progress in 2009-10

The tripartite MOU Steering Committee is currently considering the recommendations for possible inclusion in a First Nations Health and Well-Being Plan.

History was made in Saskatchewan on September 16, 2009, when the Federation of Saskatchewan Indian Nations (FSIN), the Governments of Saskatchewan and Canada agreed to an interim document related to Jordan's Principle, and committed to working together to move forward on developing a final arrangement to fully implement Jordan's Principle. The interim implementation represents the first time in Canada an agreement on Jordan's Principle has been developed and endorsed by the First Nations, Canada and a Province. The Ministry of Health continues to play a role with the Ministries of First Nations and Métis Relations, Social Services and Education in moving toward a final agreement.

The government has committed to establishing a new provincial addictions agency to measure the results of addiction programs in the province, coordinate education campaigns about the dangers of drugs and alcohol, and oversee Fetal Alcohol Spectrum Disorder initiatives (2007 Mandate Letter). The ministry is currently working on a plan to address this commitment. A Special Advisor to the Deputy Minister has been appointed to lead the work in creating a new agency, and an Addictions Advisory Committee (AAC) has been appointed to provide advice to the Minister regarding the new agency.

Development of an HIV strategy with a comprehensive, integrated, and provincially implemented approach to HIV, with consideration of hepatitis C, tuberculosis and sexually transmitted infections was identified.

The HIV strategy is aligned under four main pillars:

- Surveillance
- Clinical management
- Prevention and harm reduction
- Community engagement and education

From May to the end of October 2009, four expert working groups guided the development of the HIV strategy. These groups included representation from health care providers, community-based organizations, and First Nations and Métis organizations.

At the March 2010 session, leadership at all levels was identified as a key component to the strategy.

The overarching goals of the draft Saskatchewan HIV strategy are to:

- Increase the rate of testing;
- Ensure access to therapy and treatment;
- Reduce the rate of new infections;
- Increase the quality of life; and
- Decrease discrimination.

In 2009-10 the Ministry of Health provided a custom print of two age-appropriate books dealing with suicide and depression specifically for Aboriginal children and youth in northern communities. The books are part of an overall media campaign to address the issue of suicide and depression in youth and increase awareness of help available from HealthLine and the Kids Help Phone.

**Keep government's promises and fulfill the commitments of the election, operating with integrity and transparency, accountable to the people of Saskatchewan.**

### Strategy

Ensure health system priorities and actions are consistent with public expectations and those across government, the ministry, the RHAs, health care organizations, and health providers.

### Results

Saskatchewan has led the development of a Memorandum of Understanding (MOU) between Western jurisdictions on the pricing and purchasing of pharmaceuticals (2007 Mandate Letter). As of March 3, 2010 the MOU was in the process of being

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## Progress in 2009-10

signed by the Deputy Ministers of Health in Saskatchewan, Alberta, Manitoba, British Columbia and the Yukon. (Note: as of April 30, 2010, the MOU was signed by all participating jurisdictions).

The Ministers of Health, Justice, and Social Services agreed to proceed with establishing the function of health care ombudsman within the office of Ombudsman Saskatchewan, and to do so without amending The Ombudsman and Children's Advocate Act (2007 Mandate Letter). Ombudsman Kevin Fenwick has proposed a plan to boost the current work his office does in the health care area.

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## 2009-10 Financial Overview

The ministry spent or allocated \$3.9 billion in 2009-10, \$137.3 million less than provided in its budget. During 2009-10, savings were achieved primarily due to allowing regional health authorities to use long-term care capital funds to replace operating grants from the Ministry of Health, the deferral of capital funding related to the Saskatchewan Children's Hospital, and savings due to lower than anticipated Saskatchewan Drug Plan utilization. These savings were partially offset by utilization program increases, continued development of the Electronic Health Record and H1N1 preparedness.

In 2009-10, the ministry received \$18.7 million of revenue, \$3.6 million more than budgeted. The additional revenue is primarily due to increased revenue associated with previous year expenditures such as bursary repayments and one-time refunds, as well as transfers from the federal government for the Aboriginal Health Transition Fund.

In 2009-10, the ministry's full-time equivalent (FTE) complement totaled 635.8 FTEs, 32.3 FTEs below the ministry's budget complement. The variance is primarily the result of vacancy management.

## 2009-10 Financial Overview

|                                                     | 2009-10<br>Estimates<br>\$000 | 2009-10<br>Actual<br>\$000 | 2009-10<br>Variance<br>\$000 | Notes |
|-----------------------------------------------------|-------------------------------|----------------------------|------------------------------|-------|
| <b>Central Management and Services</b>              |                               |                            |                              |       |
| Minister's Salary (Statutory)                       | 44                            | 44                         | -                            |       |
| Executive Management                                | 1,884                         | 1,946                      | 62                           |       |
| Central Services                                    | 8,565                         | 8,033                      | (532)                        |       |
| Accommodation Services                              | 6,142                         | 5,454                      | (688)                        |       |
| <b>Subtotal</b>                                     | <b>16,635</b>                 | <b>15,477</b>              | <b>(1,158)</b>               |       |
| <b>Regional Health Services</b>                     |                               |                            |                              |       |
| Athabasca Health Authority Inc.                     | 5,825                         | 5,764                      | (61)                         |       |
| Cypress Regional Health Authority                   | 95,996                        | 79,544                     | (16,452)                     | (1)   |
| Five Hills Regional Health Authority                | 113,392                       | 112,447                    | (945)                        |       |
| Heartland Regional Health Authority                 | 72,979                        | 53,239                     | (19,740)                     | (1)   |
| Keewatin Yatthe Regional Health Authority           | 21,739                        | 21,696                     | (43)                         |       |
| Kelsey Trail Regional Health Authority              | 86,987                        | 71,745                     | (15,242)                     | (1)   |
| Mamawetan Churchill River Regional Health Authority | 20,938                        | 20,886                     | (52)                         |       |
| Prairie North Regional Health Authority             | 153,055                       | 141,802                    | (11,253)                     | (1)   |
| Prince Albert Parkland Regional Health Authority    | 157,654                       | 131,424                    | (26,230)                     | (1)   |
| Regina Qu'Appelle Regional Health Authority         | 688,651                       | 685,925                    | (2,726)                      |       |
| Saskatoon Regional Health Authority                 | 758,128                       | 751,634                    | (6,494)                      |       |
| Sun Country Regional Health Authority               | 106,820                       | 80,399                     | (26,421)                     | (1)   |
| Sunrise Regional Health Authority                   | 154,944                       | 154,921                    | (23)                         |       |
| Regional Targeted Programs and Services             | 136,331                       | 158,972                    | 22,641                       | (2)   |
| Saskatchewan Cancer Agency                          | 99,318                        | 99,122                     | (196)                        |       |
| Facilities - Capital                                | 130,000                       | 45,248                     | (84,752)                     | (3)   |
| Equipment - Capital                                 | 5,000                         | 20,128                     | 15,128                       | (4)   |
| Regional Programs Support                           | 17,590                        | 15,845                     | (1,745)                      |       |
| <b>Subtotal</b>                                     | <b>2,825,347</b>              | <b>2,150,741</b>           | <b>(174,606)</b>             |       |
| <b>Provincial Health Services</b>                   |                               |                            |                              |       |
| Canadian Blood Services                             | 43,410                        | 52,122                     | 8,712                        | (5)   |
| Provincial Targeted Programs and Services           | 57,834                        | 70,346                     | 12,512                       | (6)   |
| Provincial Laboratory                               | 17,374                        | 17,916                     | 542                          |       |
| Health Research                                     | 6,296                         | 6,296                      | -                            |       |
| Health Quality Council                              | 5,562                         | 5,567                      | 5                            |       |
| Immunizations                                       | 14,269                        | 15,028                     | 759                          |       |
| Saskatchewan Health Information Network             | 30,490                        | 44,990                     | 14,500                       | (7)   |
| Provincial Programs Support                         | 18,558                        | 18,658                     | 100                          |       |
| <b>Subtotal</b>                                     | <b>193,793</b>                | <b>230,943</b>             | <b>37,150</b>                |       |

## 2009-10 Financial Overview

|                                                          | 2009-10<br>Estimates<br>\$000 | 2009-10<br>Actual<br>\$000 | 2009-10<br>Variance<br>\$000 | Notes |
|----------------------------------------------------------|-------------------------------|----------------------------|------------------------------|-------|
| <b>Medical Services &amp; Medical Education Programs</b> |                               |                            |                              |       |
| Medical Services - Fee-for-Service                       | 388,888                       | 410,719                    | 21,831                       | (8)   |
| Medical Services - Non-Fee-for-Service                   | 102,819                       | 95,143                     | (7,676)                      | (8)   |
| Medical Education System                                 | 40,658                        | 40,326                     | (332)                        |       |
| Chiropractic Services                                    | 10,380                        | 10,087                     | (293)                        |       |
| Optometric Services                                      | 5,061                         | 5,315                      | 254                          |       |
| Dental Services                                          | 2,062                         | 2,148                      | 86                           |       |
| Out-of-Province                                          | 99,355                        | 116,729                    | 17,374                       | (8)   |
| Program Support                                          | 4,566                         | 4,321                      | (245)                        |       |
| <b>Subtotal</b>                                          | <b>653,739</b>                | <b>684,788</b>             | <b>31,049</b>                |       |
| <b>Drug Plan &amp; Extended Benefits</b>                 |                               |                            |                              |       |
| Saskatchewan Prescription Drug Plan                      | 313,479                       | 283,143                    | (30,336)                     | (8)   |
| Saskatchewan Aids to Independent Living                  | 34,524                        | 33,213                     | (1,311)                      |       |
| Supplementary Health Program                             | 17,638                        | 17,952                     | 314                          |       |
| Family Health Benefits                                   | 5,444                         | 4,448                      | (996)                        |       |
| Multi-Provincial Human Immunodeficiency Virus Assistance | 313                           | 332                        | 19                           |       |
| Program Support                                          | 4,420                         | 3,654                      | (766)                        |       |
| <b>Subtotal</b>                                          | <b>375,818</b>                | <b>342,742</b>             | <b>(33,076)</b>              |       |
| <b>Early Childhood Development</b>                       | <b>10,504</b>                 | <b>10,438</b>              | <b>(66)</b>                  |       |
| <b>Provincial Infrastructure Projects</b>                | <b>10,485</b>                 | <b>13,914</b>              | <b>3,429</b>                 |       |
| <b>APPROPRIATION</b>                                     | <b>1,055,311</b>              | <b>1,049,002</b>           | <b>(6,309)</b>               |       |
| <b>Capital Asset Acquisition</b>                         | <b>(12,516)</b>               | <b>(17,002)</b>            | <b>(4,486)</b>               | (9)   |
| <b>Capital Asset Amortization</b>                        | <b>1,368</b>                  | <b>2,211</b>               | <b>843</b>                   |       |
| <b>EXPENSE</b>                                           | <b>1,044,163</b>              | <b>1,034,211</b>           | <b>(9,952)</b>               |       |
| <b>FTE STAFF COMPLEMENT</b>                              | <b>582.1</b>                  | <b>575.9</b>               | <b>(6.2)</b>                 |       |

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## 2009-10 Financial Overview

Approximately 90% of the expenditures were provided to third parties for health care services, health system research and information technology support, and coordination of services such as the blood system. The majority of the remaining funding was primarily paid to individuals through the Saskatchewan Prescription Drug Plan and extended benefit programs.

### Explanations for Major Variances

Explanations are provided for all variances that are both greater than 5% of the Ministry's 2009-10 Estimates and greater than 0.1% of the Ministry's total expense.

1. Primarily savings due to allowing regional health authorities to use long-term care capital funding to replace operating grants from the Ministry of Health.
2. Primarily funding for H1N1 preparedness.
3. Primarily savings from deferral of capital funding related to the Saskatchewan Children's Hospital.
4. Increased investment in major equipment repairs, safety equipment, and diagnostic imaging equipment.
5. Program utilization above budgeted levels.
6. Primarily funding for H1N1 costs and nurse and physician recruitment and retention programs.
7. Additional funding for Electronic Health Record development.
8. Program utilization below budgeted levels.
9. Primarily due to capitalization of the new Saskatchewan Disease Control Laboratory building.

## 2009-10 Financial Overview

|                                          | 2009-10<br>Estimates<br>\$000 | 2009-10<br>Actuals<br>\$000 | Variance<br>\$000 | Total |
|------------------------------------------|-------------------------------|-----------------------------|-------------------|-------|
| <b>Other Own-source Revenue</b>          |                               |                             |                   |       |
| Interest, premium, discount and exchange | 94                            | 247                         | 153               |       |
| Other licenses and permits               | 42                            | 61                          | 19                |       |
| Sales, services and service fees         | 3,664                         | 2,125                       | (1,539)           | (1)   |
| Other                                    | 1,528                         | 5,788                       | 4,260             | (2)   |
| Total                                    | 5,328                         | 8,221                       | 2,893             |       |
| Transfers from the Federal Government    | 9,699                         | 10,423                      | 724               |       |
| <b>TOTAL REVENUE</b>                     | <b>15,027</b>                 | <b>18,644</b>               | <b>3,617</b>      |       |

The ministry collects transfer revenue from the federal government for various health-related initiatives and services. The major federal transfers include amounts for some air ambulance services, implementation of the *Youth Criminal Justice Act*, employment assistance for persons with disabilities and programs to assist the integration of internationally-educated health professionals. The Ministry also collects revenue through fees for services such as personal care home licenses and water testing fees. All revenue is deposited to the credit of the General Revenue Fund.

### Explanations for Major Variances

Variance explanations are provided for all variances greater than \$1,000,000.

1. Primarily attributable to the elimination of the vaccine sales program. This program ended July 1, 2009.
2. Revenue received for previous year expenditures such as bursary repayments, one-time refunds and recoveries of overpayments.

2009-10 Regional Health Authorities  
Operating Fund Financial Statements<sup>1</sup>  
(\$000s)

| STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES | Edmonton        | Calgary        | Fort McMurray   | Grande Prairie | Red Deer        | Sturgeon River |
|------------------------------------------------------|-----------------|----------------|-----------------|----------------|-----------------|----------------|
| <b>Operating Revenues:</b>                           |                 |                |                 |                |                 |                |
| Ministry of Health - General Revenue Fund            | 84,859          | 119,064        | 57,219          | 22,892         | 76,053          | 22,914         |
| Other Government of Saskatchewan                     | 1,751           | 881            | 897             | 85             | 988             | 703            |
| Other Government Jurisdictions                       | 39              | 141            | -               | 199            | 24              | 461            |
| Out-of-Province/Third Party Reimbursements           | 10,154          | 6,521          | 10,752          | 1,193          | 9,195           | 972            |
| Donations                                            | 93              | 82             | 39              | 1              | 38              | -              |
| Investment Income                                    | 78              | 109            | 176             | 15             | 132             | 10             |
| Ancillary Operations                                 | -               | 161            | -               | -              | 630             | 107            |
| Other Revenue                                        | 447             | 975            | 405             | 514            | 691             | 323            |
| <b>Total Operating Revenue</b>                       | <b>97,422</b>   | <b>127,933</b> | <b>69,486</b>   | <b>24,899</b>  | <b>87,752</b>   | <b>25,491</b>  |
| <b>Operating Expenses:</b>                           |                 |                |                 |                |                 |                |
| Province Wide Acute Care Services                    | 976             | 1,553          | 53              | 53             | 956             | 139            |
| Acute Services                                       | 33,945          | 44,496         | 18,667          | 8,567          | 34,538          | 6,802          |
| Physician Compensation - Acute                       | 9,179           | 6,973          | 524             | 29             | 1,907           | 30             |
| Supportive Care Services                             | 37,320          | 38,593         | 41,594          | 1,786          | 34,467          | 722            |
| Home Based Service - Supportive Care                 | 5,960           | 6,446          | 6,064           | 1,275          | 6,478           | 411            |
| Population Health Services                           | 2,351           | 3,722          | 3,328           | 2,621          | 4,593           | 3,445          |
| Community Care Services                              | 5,285           | 6,268          | 3,657           | 2,295          | 3,811           | 2,923          |
| Home Based Services - Acute & Palliative             | 704             | 1,350          | 779             | -              | 700             | 1,118          |
| Primary Health Care Services                         | 4,742           | 1,802          | 3,930           | 2,158          | 3,747           | 4,685          |
| Emergency Response Services                          | 3,701           | 2,671          | 4,146           | 2,186          | 3,059           | 823            |
| Mental Health Services - Inpatient/residential       | 1,510           | 2,908          | -               | 519            | -               | -              |
| Addiction Services - Residential                     | -               | 957            | 554             | -              | -               | 368            |
| Physician Compensation - Community                   | 1,103           | 2,144          | 643             | -              | 2,905           | 935            |
| Program Support Services                             | 5,300           | 4,879          | 4,297           | 2,753          | 5,400           | 2,877          |
| Special Funded Programs                              | 154             | 954            | 88              | 80             | 648             | 130            |
| Ancillary Expense                                    | -               | 159            | -               | 68             | -               | 14             |
| <b>Total Operating Expenses</b>                      | <b>112,230</b>  | <b>125,876</b> | <b>88,324</b>   | <b>24,390</b>  | <b>103,210</b>  | <b>25,421</b>  |
| <b>Operating Fund Excess/(Deficiency)</b>            | <b>(14,808)</b> | <b>2,058</b>   | <b>(18,838)</b> | <b>509</b>     | <b>(15,458)</b> | <b>70</b>      |
| Operating Fund Balance - Beginning of the year       | 93              | 1,228          | 1,380           | 415            | 16              | (374)          |
| Interfund Transfers                                  | 16,400          | (2,058)        | 19,143          | -              | 14,840          | -              |
| <b>Operating Fund Balance - End of Year</b>          | <b>1,685</b>    | <b>1,228</b>   | <b>1,685</b>    | <b>924</b>     | <b>(602)</b>    | <b>(304)</b>   |
| <b>STATEMENT OF FINANCIAL POSITION</b>               |                 |                |                 |                |                 |                |
| <b>Operating Assets:</b>                             |                 |                |                 |                |                 |                |
| Cash and Short-term Investments                      | 21,580          | 23,725         | 13,987          | 4,899          | 13,016          | 3,443          |
| Accounts Receivable:                                 |                 |                |                 |                |                 |                |
| Ministry of Health                                   | 302             | 503            | 103             | -              | -               | -              |
| Other                                                | 785             | 714            | 945             | 793            | 617             | 741            |
| Inventory                                            | 1,060           | 1,140          | 1,264           | 382            | 595             | 190            |
| Prepaid Expenses                                     | 264             | 1,100          | 499             | 145            | 643             | 113            |
| Investments                                          | 254             | 32             | 2,477           | 7              | 1,082           | -              |
| Other Assets                                         | -               | -              | -               | -              | 28              | -              |
| <b>Total Operating Assets</b>                        | <b>24,244</b>   | <b>27,213</b>  | <b>19,274</b>   | <b>6,226</b>   | <b>15,981</b>   | <b>4,488</b>   |
| Liabilities and Operating Fund Balance:              |                 |                |                 |                |                 |                |
| Accounts Payable                                     | 3,999           | 4,596          | 3,644           | 1,285          | 3,891           | 918            |
| Accrued Liabilities:                                 |                 |                |                 |                |                 |                |
| Accrued Salaries                                     | 6,515           | 5,521          | 6,705           | 1,292          | 4,540           | 1,121          |
| Vacation Payable                                     | 6,135           | 5,719          | 5,671           | 1,336          | 6,056           | 775            |
| Other                                                | -               | -              | -               | -              | -               | -              |
| Deferred Revenue:                                    |                 |                |                 |                |                 |                |
| Ministry of Health                                   | 5,338           | 8,975          | 929             | 1,316          | 1,695           | 1,003          |
| Non-Ministry of Health                               | 572             | 1,175          | 639             | 73             | 401             | 975            |
| <b>Total Operating Liabilities</b>                   | <b>22,559</b>   | <b>25,985</b>  | <b>17,589</b>   | <b>5,302</b>   | <b>16,583</b>   | <b>4,792</b>   |
| Externally Restricted                                | 193             | -              | -               | -              | -               | -              |
| Internally Restricted                                | -               | -              | -               | -              | -               | -              |
| Unrestricted                                         | 1,492           | 1,228          | 1,685           | 924            | (602)           | (304)          |
| <b>Operating Fund Balance</b>                        | <b>1,685</b>    | <b>1,228</b>   | <b>1,685</b>    | <b>924</b>     | <b>(602)</b>    | <b>(304)</b>   |
| <b>Total Liabilities and Fund Balance</b>            | <b>24,244</b>   | <b>27,213</b>  | <b>19,274</b>   | <b>6,226</b>   | <b>15,981</b>   | <b>4,488</b>   |

1. Some items may not balance due to rounding.

2. Unaudited data.

2009-10 Regional Health Authorities  
Operating Fund Financial Statements<sup>1</sup>  
(\$000s)

| STATEMENT OF OPERATIONS<br>AND CHANGE IN FUND BALANCES | Prince<br>Frederic<br>Parryville | Prince<br>Albert<br>Parkland | Regina<br>Qu'Appelle | Saskatoon       | Sanctuary       | Saskatoon<br>Health Services | Grand<br>Total   |
|--------------------------------------------------------|----------------------------------|------------------------------|----------------------|-----------------|-----------------|------------------------------|------------------|
| <b>Operating Revenues:</b>                             |                                  |                              |                      |                 |                 |                              |                  |
| Ministry of Health - General Revenue Fund              | 151,684                          | 138,859                      | 726,179              | 813,502         | 86,472          | 167,253                      | 2,466,951        |
| Other Government of Saskatchewan                       | 4,271                            | 4,796                        | 18,454               | 23,759          | 960             | 2,481                        | 60,024           |
| Other Government Jurisdictions                         | 28,592                           | 267                          | 8,010                | 1,452           | 3               | 59                           | 39,247           |
| Out-of-Province/Third Party Reimburse-<br>ments        | 15,023                           | 9,825                        | 38,456               | 39,994          | 13,134          | 19,134                       | 174,354          |
| Donations                                              | 317                              | 259                          | 796                  | -               | 267             | 273                          | 2,165            |
| Investment Income                                      | 155                              | 152                          | 243                  | -               | 71              | 32                           | 1,174            |
| Ancillary Operations                                   | 302                              | 1,022                        | 5,961                | 13,920          | -               | 995                          | 23,099           |
| Other Revenue                                          | 3,771                            | 1,235                        | 13,682               | 3,088           | 377             | 1,335                        | 26,844           |
| <b>Total Operating Revenue</b>                         | <b>204,115</b>                   | <b>156,415</b>               | <b>811,782</b>       | <b>895,715</b>  | <b>101,286</b>  | <b>191,562</b>               | <b>2,793,859</b> |
| <b>Operating Expenses:</b>                             |                                  |                              |                      |                 |                 |                              |                  |
| Province Wide Acute Care Services                      | 22,784                           | 2,313                        | 60,288               | 47,886          | 915             | 2,602                        | 140,520          |
| Acute Services                                         | 74,374                           | 74,337                       | 388,801              | 474,649         | 29,870          | 70,469                       | 1,259,516        |
| Physician Compensation - Acute                         | 7,684                            | 11,419                       | 53,050               | 59,563          | 914             | 4,138                        | 155,411          |
| Supportive Care Services                               | 52,848                           | 41,630                       | 150,083              | 138,592         | 55,153          | 68,663                       | 661,451          |
| Home Based Service - Supportive Care                   | 7,492                            | 9,455                        | 17,776               | 32,783          | 8,605           | 10,007                       | 112,752          |
| Population Health Services                             | 4,790                            | 5,447                        | 20,559               | 24,953          | 4,239           | 4,392                        | 84,440           |
| Community Care Services                                | 10,318                           | 12,700                       | 24,164               | 32,793          | 6,217           | 7,750                        | 118,182          |
| Home Based Services - Acute & Palliative               | 1,412                            | 1,375                        | 13,176               | 3,608           | 897             | 1,695                        | 26,813           |
| Primary Health Care Services                           | 6,494                            | 2,894                        | 13,538               | 9,701           | 4,015           | 1,940                        | 59,644           |
| Emergency Response Services                            | 5,160                            | 2,992                        | 12,567               | 7,381           | 5,143           | 4,818                        | 54,848           |
| Mental Health Services - Inpatient/resi-<br>dential    | 2,531                            | 4,069                        | 11,282               | 8,981           | 2,167           | 2,674                        | 36,642           |
| Addiction Services - Residential                       | 902                              | -                            | -                    | 2,182           | -               | -                            | 4,964            |
| Physician Compensation - Community                     | 5,430                            | 2,200                        | 5,607                | 3,062           | 1,586           | 2,754                        | 28,368           |
| Program Support Services                               | 10,538                           | 9,086                        | 40,747               | 49,452          | 6,883           | 7,950                        | 150,163          |
| Special Funded Programs                                | 2,575                            | 921                          | 4,852                | 6,231           | 159             | 1,307                        | 18,099           |
| Ancillary Expense                                      | 382                              | 594                          | 1,283                | 10,883          | -               | 1,117                        | 14,499           |
| <b>Total Operating Expenses</b>                        | <b>215,715</b>                   | <b>181,433</b>               | <b>817,774</b>       | <b>912,700</b>  | <b>126,763</b>  | <b>192,275</b>               | <b>2,926,112</b> |
| <b>Operating Fund Excess/(Deficiency)</b>              | <b>(11,600)</b>                  | <b>(25,018)</b>              | <b>(5,992)</b>       | <b>(16,985)</b> | <b>(25,478)</b> | <b>(713)</b>                 | <b>(132,253)</b> |
| Operating Fund Balance - Beginning of<br>the year      | 226                              | (14,892)                     | (56,444)             | (23,225)        | (5,642)         | (29,071)                     | (126,290)        |
| Interfund Transfers                                    | 10,679                           | 24,628                       | (2,588)              | 6,798           | 24,556          | (873)                        | 111,526          |
| <b>Operating Fund Balance - End of Year</b>            | <b>(696)</b>                     | <b>(15,282)</b>              | <b>(65,025)</b>      | <b>(33,412)</b> | <b>(6,563)</b>  | <b>(30,658)</b>              | <b>(147,017)</b> |
| <b>STATEMENT OF FINANCIAL POSITION</b>                 |                                  |                              |                      |                 |                 |                              |                  |
| <b>Operating Assets:</b>                               |                                  |                              |                      |                 |                 |                              |                  |
| Cash and Short-term Investments                        | 20,671                           | 15,111                       | 47,456               | 83,841          | 9,020           | 4,140                        | 260,889          |
| Accounts Receivable:                                   |                                  |                              |                      |                 |                 |                              |                  |
| Ministry of Health                                     | 214                              | 269                          | 1,945                | 2,616           | 89              | 232                          | 6,272            |
| Other                                                  | 5,057                            | 2,750                        | 15,260               | 20,787          | 1,302           | 2,144                        | 51,894           |
| Inventory                                              | 2,312                            | 1,120                        | 5,304                | 8,184           | 987             | 1,924                        | 24,463           |
| Prepaid Expenses                                       | 1,555                            | 951                          | 4,387                | 3,076           | 703             | 497                          | 13,931           |
| Investments                                            | 1,148                            | -                            | -                    | -               | 15              | 134                          | 5,149            |
| Other Assets                                           | -                                | -                            | -                    | -               | -               | -                            | 28               |
| <b>Total Operating Assets</b>                          | <b>30,957</b>                    | <b>20,200</b>                | <b>74,352</b>        | <b>118,504</b>  | <b>12,117</b>   | <b>9,071</b>                 | <b>362,627</b>   |
| <b>Liabilities and Operating Fund Balance:</b>         |                                  |                              |                      |                 |                 |                              |                  |
| Accounts Payable                                       | 5,560                            | 7,147                        | 39,216               | 50,683          | 1,424           | 3,660                        | 126,023          |
| Accrued Liabilities:                                   |                                  |                              |                      |                 |                 |                              |                  |
| Accrued Salaries                                       | 12,163                           | 9,837                        | 38,314               | 46,522          | 9,585           | 12,169                       | 154,285          |
| Vacation Payable                                       | 11,074                           | 8,960                        | 43,514               | 40,720          | 6,135           | 11,072                       | 147,165          |
| Other                                                  | 20                               | 4,390                        | -                    | -               | -               | 2,451                        | 6,861            |
| Deferred Revenue:                                      |                                  |                              |                      |                 |                 |                              |                  |
| Ministry of Health                                     | 1,496                            | 4,459                        | 12,395               | 7,341           | 946             | 9,298                        | 55,191           |
| Non-Ministry of Health                                 | 1,340                            | 688                          | 5,938                | 6,650           | 590             | 1,079                        | 20,120           |
| <b>Total Operating Liabilities</b>                     | <b>31,653</b>                    | <b>35,482</b>                | <b>139,377</b>       | <b>151,916</b>  | <b>18,679</b>   | <b>39,729</b>                | <b>509,644</b>   |
| Externally Restricted                                  | -                                | -                            | -                    | -               | 552             | -                            | 745              |
| Internally Restricted                                  | 474                              | -                            | 1,126                | -               | 9               | 86                           | 1,695            |
| Unrestricted                                           | (1,169)                          | (15,282)                     | (66,151)             | (33,412)        | (7,124)         | (30,744)                     | (149,457)        |
| <b>Operating Fund Balance</b>                          | <b>(696)</b>                     | <b>(15,282)</b>              | <b>(65,025)</b>      | <b>(33,412)</b> | <b>(6,563)</b>  | <b>(30,658)</b>              | <b>(147,017)</b> |
| <b>Total Liabilities and Fund Balance</b>              | <b>30,957</b>                    | <b>20,200</b>                | <b>74,352</b>        | <b>118,504</b>  | <b>12,117</b>   | <b>9,071</b>                 | <b>362,627</b>   |

1. Some items may not balance due to rounding.

2. Unaudited data.

2009-10 Regional Health Authorities  
Restricted Fund Financial Statements<sup>1,2</sup>  
(\$000s)

| STATEMENT OF OPERATIONS AND<br>CHANGE IN FUND BALANCES | Current<br>Year | Previous<br>Year | Planned<br>2009-10 | Revised<br>2009-10<br>Table 1 | Revised<br>2009-10<br>Table 2 | 2008-09<br>Actual |
|--------------------------------------------------------|-----------------|------------------|--------------------|-------------------------------|-------------------------------|-------------------|
| <b>Restricted Revenues:</b>                            |                 |                  |                    |                               |                               |                   |
| Ministry of Health - General Revenue Fund              | 1,148           | 961              | 1,514              | 211                           | 1,444                         | 219               |
| Other Government of Saskatchewan                       | -               | 48               | 271                | -                             | 342                           | -                 |
| Other Government Jurisdictions                         | -               | -                | -                  | -                             | -                             | -                 |
| Donations                                              | 407             | 1,481            | 396                | 49                            | 489                           | 187               |
| Investment Income                                      | 161             | 165              | 382                | -                             | 187                           | 3                 |
| Ancillary Operations                                   | -               | 21               | -                  | -                             | -                             | -                 |
| Recoveries                                             | -               | -                | -                  | 54                            | -                             | -                 |
| Other Revenue                                          | 91              | 41               | 21                 | -                             | -                             | 3                 |
| <b>Total Restricted Revenue</b>                        | <b>1,807</b>    | <b>2,716</b>     | <b>2,585</b>       | <b>313</b>                    | <b>2,462</b>                  | <b>411</b>        |
| <b>Restricted Expenses:</b>                            |                 |                  |                    |                               |                               |                   |
| Province Wide Acute Care Services                      | 33              | 95               | -                  | -                             | -                             | 9                 |
| Acute Services                                         | 1,242           | 2,992            | 928                | 555                           | 1,765                         | 491               |
| Supportive Care Services                               | 1,782           | 1,765            | 2,928              | 514                           | 2,147                         | 14                |
| Home Based Service - Supportive Care                   | 219             | 9                | 11                 | 1                             | -                             | -                 |
| Population Health Services                             | 82              | 15               | 4                  | 25                            | 7                             | -                 |
| Community Care Services                                | 216             | 5                | 2                  | 1                             | -                             | -                 |
| Home Based Services - Acute & Palliative               | 26              | 91               | 1                  | -                             | -                             | -                 |
| Primary Health Care Services                           | 165             | 29               | 140                | 10                            | 421                           | 129               |
| Emergency Response Services                            | 123             | 4                | 265                | 52                            | 48                            | -                 |
| Mental Health Services - Inpatient/residential         | 50              | 5                | -                  | -                             | -                             | -                 |
| Addiction Services - Residential                       | -               | 40               | 7                  | 6                             | -                             | 17                |
| Program Support Services                               | 23              | 60               | (223)              | 26                            | 182                           | 98                |
| Special Funded Programs                                | -               | -                | -                  | -                             | -                             | -                 |
| Ancillary Expense                                      | -               | 6                | -                  | -                             | -                             | -                 |
| <b>Total Restricted Expenses</b>                       | <b>3,961</b>    | <b>5,116</b>     | <b>4,063</b>       | <b>1,191</b>                  | <b>4,570</b>                  | <b>758</b>        |
| <b>Restricted Fund Excess/(Deficiency)</b>             | <b>(2,154)</b>  | <b>(2,400)</b>   | <b>(1,477)</b>     | <b>(878)</b>                  | <b>(2,108)</b>                | <b>(347)</b>      |
| Restricted Fund Balance - Beginning of year            | 97,148          | 37,415           | 73,860             | 26,540                        | 59,467                        | 10,852            |
| Interfund Transfers                                    | (16,400)        | 2,058            | (19,143)           | -                             | (14,840)                      | -                 |
| <b>Restricted Fund Balance - End of Year</b>           | <b>78,594</b>   | <b>37,073</b>    | <b>53,239</b>      | <b>25,662</b>                 | <b>42,519</b>                 | <b>10,505</b>     |
| <b>STATEMENT OF FINANCIAL POSITION</b>                 |                 |                  |                    |                               |                               |                   |
| <b>Restricted Assets:</b>                              |                 |                  |                    |                               |                               |                   |
| Cash and Short-term Investments                        | 8,755           | 18,207           | 20,942             | 217                           | 11,583                        | 635               |
| Accounts Receivable:                                   |                 |                  |                    |                               |                               |                   |
| Ministry of Health                                     | -               | -                | 37                 | 381                           | 151                           | 124               |
| Other                                                  | 80              | 59               | -                  | -                             | 121                           | 35                |
| Prepaid Expenses                                       | -               | -                | -                  | -                             | -                             | -                 |
| Investments                                            | 800             | 1,486            | 1,084              | 1                             | -                             | -                 |
| Capital Assets                                         | 71,470          | 19,238           | 38,386             | 25,062                        | 44,314                        | 9,777             |
| Other Assets                                           | -               | -                | -                  | -                             | -                             | -                 |
| <b>Total Restricted Assets</b>                         | <b>81,105</b>   | <b>38,989</b>    | <b>60,449</b>      | <b>25,662</b>                 | <b>56,168</b>                 | <b>10,571</b>     |
| <b>Liabilities and Restricted Fund Balance:</b>        |                 |                  |                    |                               |                               |                   |
| Accounts Payable                                       | -               | 11               | 81                 | -                             | 226                           | 66                |
| Accrued Liabilities                                    | 12              | -                | -                  | -                             | -                             | -                 |
| Deferred Revenue (Non-Ministry of Health)              | -               | -                | -                  | -                             | -                             | -                 |
| Debt                                                   | 2,499           | 1,905            | 7,129              | -                             | 13,423                        | -                 |
| <b>Total Restricted Liabilities</b>                    | <b>2,511</b>    | <b>1,916</b>     | <b>7,210</b>       | <b>-</b>                      | <b>13,649</b>                 | <b>66</b>         |
| Invested in Capital Assets                             | 68,959          | 17,333           | 31,258             | 25,062                        | 30,890                        | 9,777             |
| Externally Restricted                                  | 2,368           | 6,847            | 20,403             | -                             | 9,696                         | 446               |
| Internally Restricted                                  | 7,267           | 12,893           | 1,578              | 599                           | 1,933                         | 281               |
| Unrestricted                                           | -               | -                | -                  | -                             | -                             | -                 |
| <b>Restricted Fund Balance</b>                         | <b>78,594</b>   | <b>37,073</b>    | <b>53,239</b>      | <b>25,662</b>                 | <b>42,519</b>                 | <b>10,505</b>     |
| <b>Total Liabilities &amp; Fund Balances</b>           | <b>81,105</b>   | <b>38,989</b>    | <b>60,449</b>      | <b>25,662</b>                 | <b>56,168</b>                 | <b>10,571</b>     |

1. The restricted fund consists of the Capital Fund and Community Trust Fund. The Capital Fund reflects the equity of the RHA in capital assets and any associated long-term debt. The Capital Fund revenue includes revenue from the General Revenue Fund provided for construction of capital projects and/or the acquisition of capital assets. Expenses consist mainly of amortization expense. The Community Trust Fund reflects community-generated assets transferred to the RHA by amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations from donations or municipal tax levies.

2. Some items may not balance due to rounding.

3. Unaudited data.

2009-10 Regional Health Authorities  
Restricted Fund Financial Statements<sup>1,2</sup>  
(\$000s)

| STATEMENT OF OPERATIONS<br>AND CHANGE IN FUND BALANCES | Alberta<br>Health Services | Alberta<br>Health Services | Alberta<br>Health Services | Alberta<br>Health Services | Alberta<br>Health Services | Alberta<br>Health Services | Alberta<br>Health Services |
|--------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <b>Restricted Revenues:</b>                            |                            |                            |                            |                            |                            |                            |                            |
| Ministry of Health - General Revenue Fund              | 2,734                      | 3,836                      | 16,575                     | 40,591                     | 1,350                      | 2,707                      | 73,289                     |
| Other Government of Saskatchewan                       | -                          | -                          | 1,988                      | -                          | 144                        | 234                        | 3,028                      |
| Other Government Jurisdictions                         | 294                        | 265                        | -                          | -                          | -                          | -                          | 559                        |
| Donations                                              | 1,404                      | 718                        | 3,288                      | 9,712                      | 451                        | 1,690                      | 20,273                     |
| Investment Income                                      | 103                        | 713                        | 85                         | 1,415                      | 454                        | 59                         | 3,726                      |
| Ancillary Operations                                   | -                          | -                          | -                          | -                          | -                          | -                          | 21                         |
| Recoveries                                             | 59                         | -                          | -                          | -                          | -                          | -                          | 112                        |
| Other Revenue                                          | 132                        | 30                         | 232                        | 1,540                      | 16                         | 27                         | 2,132                      |
| <b>Total Restricted Revenue</b>                        | <b>4,726</b>               | <b>5,561</b>               | <b>22,167</b>              | <b>53,258</b>              | <b>2,415</b>               | <b>4,716</b>               | <b>103,139</b>             |
| <b>Restricted Expenses:</b>                            |                            |                            |                            |                            |                            |                            |                            |
| Province Wide Acute Care Services                      | 57                         | -                          | 4,165                      | -                          | -                          | 161                        | 4,518                      |
| Acute Services                                         | 4,925                      | 3,448                      | 18,292                     | -                          | 619                        | 2,643                      | 37,900                     |
| Supportive Care Services                               | 1,240                      | 1,654                      | 2,417                      | -                          | 2,874                      | 3,559                      | 20,893                     |
| Home Based Service - Supportive Care                   | 90                         | 43                         | 193                        | -                          | 21                         | 20                         | 606                        |
| Population Health Services                             | 10                         | -                          | 48                         | -                          | 67                         | 29                         | 287                        |
| Community Care Services                                | -                          | 28                         | 122                        | -                          | 5                          | 57                         | 437                        |
| Home Based Services - Acute & Palliative               | -                          | 4                          | 41                         | -                          | 2                          | 4                          | 167                        |
| Primary Health Care Services                           | 848                        | 46                         | 870                        | -                          | 173                        | 16                         | 2,847                      |
| Emergency Response Services                            | 88                         | -                          | 748                        | -                          | 206                        | 39                         | 1,574                      |
| Mental Health Services - Inpatient/residential         | 3                          | -                          | 377                        | -                          | 2                          | -                          | 437                        |
| Addiction Services - Residential                       | 8                          | -                          | -                          | -                          | -                          | -                          | 78                         |
| Program Support Services                               | 818                        | 318                        | 3,580                      | 42,113                     | -                          | 642                        | 47,637                     |
| Special Funded Programs                                | 4                          | -                          | -                          | -                          | -                          | -                          | 4                          |
| Ancillary Expense                                      | -                          | 111                        | 465                        | -                          | -                          | 124                        | 707                        |
| <b>Total Restricted Expenses</b>                       | <b>8,091</b>               | <b>5,651</b>               | <b>31,318</b>              | <b>42,113</b>              | <b>3,970</b>               | <b>7,293</b>               | <b>118,094</b>             |
| <b>Restricted Fund Excess/(Deficiency)</b>             | <b>(3,365)</b>             | <b>(90)</b>                | <b>(9,150)</b>             | <b>11,145</b>              | <b>(1,555)</b>             | <b>(2,576)</b>             | <b>(14,955)</b>            |
| Restricted Fund Balance - Beginning of year            | 71,418                     | 89,988                     | 371,214                    | 288,003                    | 75,423                     | 80,455                     | 1,281,780                  |
| Interfund Transfers                                    | (10,679)                   | (24,628)                   | 2,588                      | (6,798)                    | (24,556)                   | 873                        | (111,526)                  |
| <b>Restricted Fund Balance - End of Year</b>           | <b>57,374</b>              | <b>65,268</b>              | <b>364,651</b>             | <b>292,350</b>             | <b>49,312</b>              | <b>78,752</b>              | <b>1,155,299</b>           |

|                                                 |               |               |                |                |               |               |                  |
|-------------------------------------------------|---------------|---------------|----------------|----------------|---------------|---------------|------------------|
| <b>STATEMENT OF FINANCIAL POSITION</b>          |               |               |                |                |               |               |                  |
| <b>Restricted Assets:</b>                       |               |               |                |                |               |               |                  |
| Cash and Short-term Investments                 | 1,780         | 18,758        | 22,028         | 36,686         | 10,263        | 7,816         | 157,669          |
| Accounts Receivable:                            |               |               |                |                |               |               |                  |
| Ministry of Health                              | 1,150         | -             | 2,906          | 2,103          | -             | -             | 6,852            |
| Other                                           | 1,639         | 1,162         | 3,316          | 4,612          | (120)         | 227           | 11,130           |
| Prepaid Expenses                                | -             | -             | 15             | -              | -             | -             | 15               |
| Investments                                     | 71            | 665           | 1,439          | -              | 30            | 65            | 5,641            |
| Capital Assets                                  | 58,223        | 58,916        | 348,728        | 262,500        | 44,344        | 85,975        | 1,064,934        |
| Other Assets                                    | -             | 692           | 61             | -              | 44            | -             | 798              |
| <b>Total Restricted Assets</b>                  | <b>62,862</b> | <b>78,194</b> | <b>378,493</b> | <b>305,901</b> | <b>54,562</b> | <b>94,083</b> | <b>1,247,039</b> |
| <b>Liabilities and Restricted Fund Balance:</b> |               |               |                |                |               |               |                  |
| Accounts Payable                                | 484           | 1,380         | 1,935          | 8,023          | 50            | 248           | 12,504           |
| Accrued Liabilities                             | -             | -             | -              | -              | -             | 51            | 63               |
| Deferred Revenue (Non-Ministry of Health)       | -             | -             | -              | -              | -             | 16            | 16               |
| Debt                                            | 5,004         | 11,545        | 11,906         | 5,528          | 5,201         | 15,017        | 79,158           |
| <b>Total Restricted Liabilities</b>             | <b>5,488</b>  | <b>12,925</b> | <b>13,842</b>  | <b>13,551</b>  | <b>5,251</b>  | <b>15,331</b> | <b>91,741</b>    |
| Invested in Capital Assets                      | 53,218        | 44,145        | 336,821        | 256,972        | 39,122        | 70,959        | 984,517          |
| Externally Restricted                           | 2,378         | 12,114        | 26,699         | 35,296         | 9,564         | 1,585         | 127,395          |
| Internally Restricted                           | 1,778         | 1,271         | 1,131          | 82             | 626           | 6,208         | 35,648           |
| Unrestricted                                    | -             | 7,739         | -              | -              | -             | -             | 7,739            |
| <b>Restricted Fund Balance</b>                  | <b>57,374</b> | <b>65,268</b> | <b>364,651</b> | <b>292,350</b> | <b>49,312</b> | <b>78,752</b> | <b>1,155,299</b> |
| <b>Total Liabilities &amp; Fund Balances</b>    | <b>62,862</b> | <b>78,194</b> | <b>378,493</b> | <b>305,901</b> | <b>54,562</b> | <b>94,083</b> | <b>1,247,039</b> |

1. The restricted fund consists of the Capital Fund and Community Trust Fund. The Capital Fund reflects the equity of the RHA in capital assets and any associated long-term debt. The Capital Fund revenue includes revenue from the General Revenue Fund provided for construction of capital projects and/or the acquisition of capital assets. Expenses consist mainly of amortization expense. The Community Trust Fund reflects community-generated assets transferred to the RHA by amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations from donations or municipal tax levies.

2. Some items may not balance due to rounding.

3. Unaudited data.

2009-10 Regional Health Authorities  
Schedule of Expenses by Object<sup>1</sup>  
(\$000s)

| Operating Expenses:                            |                |                |               |               |                |               |
|------------------------------------------------|----------------|----------------|---------------|---------------|----------------|---------------|
| Board costs                                    | 101            | 101            | 107           | 108           | 85             | 129           |
| Compensation - benefits                        | 11,763         | 11,379         | 10,481        | 2,634         | 11,921         | 2,935         |
| Compensation - salaries                        | 68,770         | 60,806         | 60,570        | 16,012        | 66,876         | 13,756        |
| Diagnostic imaging supplies                    | 163            | 269            | 105           | 20            | 129            | 21            |
| Drugs                                          | 1,079          | 1,393          | 711           | 237           | 638            | 220           |
| Food                                           | 1,916          | 1,186          | 1,344         | 287           | 1,622          | 179           |
| Grants to ambulance services                   | 1,435          | 2,197          | 98            | -             | 2,285          | 711           |
| Grants to third parties                        | 2,576          | 24,802         | 2,485         | 138           | 848            | 540           |
| Housekeeping and laundry supplies              | 827            | 567            | 619           | 170           | 297            | 42            |
| Information technology contracts               | 367            | 313            | 234           | 33            | 464            | 56            |
| Insurance                                      | 263            | 286            | 290           | 96            | 278            | 45            |
| Interest                                       | 19             | -              | 7             | 1             | 116            | 6             |
| Laboratory supplies                            | 1,021          | 1,079          | 672           | 156           | 1,112          | 137           |
| Medical and surgical supplies                  | 2,147          | 2,060          | 1,154         | 334           | 2,119          | 384           |
| Medical remuneration and benefits              | 9,905          | 8,956          | 1,200         | 895           | 4,846          | 1,027         |
| Office supplies and other office costs         | 977            | 449            | 464           | 307           | 340            | 340           |
| Other                                          | 908            | 1,159          | 1,374         | 721           | 1,442          | 934           |
| Other referred out services                    | 599            | 2,135          | 466           | 7             | 313            | 802           |
| Professional fees                              | 673            | 618            | 771           | 276           | 1,009          | 149           |
| Prosthetics                                    | 352            | 647            | -             | -             | -              | -             |
| Purchased services                             | 120            | 501            | 178           | 104           | 377            | 898           |
| Rent/lease costs                               | 919            | 1,349          | 889           | 820           | 1,087          | 644           |
| Repairs and maintenance                        | 1,396          | 599            | 770           | 177           | 699            | 79            |
| Service contracts                              | 892            | 757            | 572           | 74            | 916            | 124           |
| Travel                                         | 1,124          | 1,028          | 869           | 472           | 1,075          | 911           |
| Utilities                                      | 1,917          | 1,440          | 1,894         | 312           | 2,316          | 353           |
| <b>Total Operating Expenses</b>                | <b>112,230</b> | <b>125,876</b> | <b>88,324</b> | <b>24,390</b> | <b>103,210</b> | <b>25,421</b> |
| Restricted Expenses:                           |                |                |               |               |                |               |
| Amortization                                   | 3,297          | 4,255          | 3,554         | 1,176         | 4,087          | 516           |
| Loss/(gain) on disposal of fixed assets        | -              | -              | 120           | 15            | -              | -             |
| Mortgage interest                              | 155            | 138            | 346           | -             | 432            | -             |
| Other                                          | 510            | 723            | 43            | -             | 51             | 242           |
| <b>Total Restricted Expenses</b>               | <b>3,961</b>   | <b>5,116</b>   | <b>4,063</b>  | <b>1,191</b>  | <b>4,570</b>   | <b>758</b>    |
| <b>Total Operating and Restricted Expenses</b> | <b>116,191</b> | <b>130,992</b> | <b>92,387</b> | <b>25,581</b> | <b>107,780</b> | <b>26,179</b> |

1. Some items may not balance due to rounding.

2. Unaudited data.

2009-10 Regional Health Authorities  
Schedule of Expenses by Object<sup>1</sup>  
(\$000s)

| SCHEDULE OF EXPENSES BY OBJECT                 | Prince Edward Island | Alberta        | Quebec         | Saskatchewan   | Manitoba | Ontario        | British Columbia | Total            |
|------------------------------------------------|----------------------|----------------|----------------|----------------|----------|----------------|------------------|------------------|
| <b>Operating Expenses:</b>                     |                      |                |                |                |          |                |                  |                  |
| Board costs                                    | 107                  | 81             | 148            | 131            |          | 93             | 97               | 1,289            |
| Compensation - benefits                        | 23,851               | 18,062         | 86,133         | 86,847         | 13,922   | 24,028         | 303,957          |                  |
| Compensation - salaries                        | 129,585              | 106,833        | 449,540        | 491,093        | 74,130   | 126,252        | 1,664,022        |                  |
| Diagnostic imaging supplies                    | 387                  | 155            | 1,683          | 2,479          |          | 61             | 418              | 5,891            |
| Drugs                                          | 2,985                | 2,401          | 13,642         | 22,980         |          | 443            | 2,091            | 48,819           |
| Food                                           | 3,794                | 2,313          | 7,522          | 7,522          |          | 1,452          | 2,804            | 31,940           |
| Grants to ambulance services                   | 2,531                | 2,970          | 2,393          | 6,882          |          | 387            | 2,640            | 24,529           |
| Grants to third parties                        | 5,483                | 7,437          | 56,319         | 84,133         |          | 18,974         | 733              | 204,468          |
| Housekeeping and laundry supplies              | 1,230                | 1,278          | 2,753          | 4,778          |          | 315            | 1,767            | 14,642           |
| Information technology contracts               | 1,233                | 999            | 4,080          | 1,376          |          | 409            | 424              | 9,990            |
| Insurance                                      | 382                  | 312            | 1,761          | 1,596          |          | 311            | 604              | 6,222            |
| Interest                                       | 20                   | 23             | 200            | 429            |          | 8              | 170              | 999              |
| Laboratory supplies                            | 1,680                | 1,167          | 5,180          | 7,858          |          | 606            | 1,200            | 21,868           |
| Medical and surgical supplies                  | 5,303                | 3,858          | 40,130         | 40,769         |          | 1,550          | 3,173            | 102,980          |
| Medical remuneration and benefits              | 12,872               | 13,678         | 58,570         | 65,025         |          | 2,656          | 6,829            | 186,458          |
| Office supplies and other office costs         | 1,895                | 567            | 4,473          | 3,109          |          | 618            | 1,160            | 14,499           |
| Other                                          | 4,035                | 2,984          | 12,024         | 10,091         |          | 1,912          | 2,137            | 39,720           |
| Other referred out services                    | 5,598                | 3,882          | 1,334          | 7,163          |          | 958            | 3,901            | 27,158           |
| Professional fees                              | 1,307                | 713            | 14,616         | 1,729          |          | 1,502          | 1,227            | 24,591           |
| Prosthetics                                    | 389                  | 958            | 19,602         | 15,531         |          | -              | 280              | 37,760           |
| Purchased services                             | 503                  | 1,614          | 559            | 7,956          |          | 520            | 198              | 13,528           |
| Rent/lease costs                               | 1,896                | 3,007          | 7,099          | 11,527         |          | 928            | 1,868            | 32,037           |
| Repairs and maintenance                        | 1,376                | 1,170          | 10,427         | 6,324          |          | 1,221          | 1,180            | 25,418           |
| Service contracts                              | 1,428                | 702            | 1,587          | 7,179          |          | 483            | 1,501            | 16,215           |
| Travel                                         | 2,500                | 1,629          | 4,617          | 5,133          |          | 1,365          | 1,921            | 22,644           |
| Utilities                                      | 3,544                | 2,640          | 11,381         | 13,060         |          | 1,941          | 3,670            | 44,468           |
| <b>Total Operating Expenses</b>                | <b>215,715</b>       | <b>181,433</b> | <b>817,774</b> | <b>912,700</b> |          | <b>126,763</b> | <b>192,275</b>   | <b>2,926,112</b> |
| <b>Restricted Expenses:</b>                    |                      |                |                |                |          |                |                  |                  |
| Amortization                                   | 7,691                | 5,078          | 25,996         | 33,869         |          | 3,017          | 6,266            | 98,801           |
| Loss/(gain) on disposal of fixed assets        | -                    | 22             | (163)          | -              |          | -              | 292              | 285              |
| Mortgage interest                              | 276                  | 355            | 439            | 250            |          | 265            | 717              | 3,373            |
| Other                                          | 124                  | 197            | 5,046          | 7,994          |          | 687            | 18               | 15,635           |
| <b>Total Restricted Expenses</b>               | <b>8,091</b>         | <b>5,651</b>   | <b>31,318</b>  | <b>42,113</b>  |          | <b>3,970</b>   | <b>7,293</b>     | <b>118,094</b>   |
| <b>Total Operating and Restricted Expenses</b> | <b>223,806</b>       | <b>187,084</b> | <b>849,092</b> | <b>954,813</b> |          | <b>130,733</b> | <b>199,568</b>   | <b>3,044,206</b> |

1. Some items may not balance due to rounding.

2. Unaudited data.



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## **Appendix II: Summary of Saskatchewan Ministry of Health Legislation**

### ***The Ambulance Act***

Regulates emergency medical service personnel and the licensing and operation of ambulance services.

### ***The Cancer Agency Act***

Sets out funding relationship between Saskatchewan Health and the Saskatchewan Cancer Agency and its responsibility to provide cancer related services.

### ***The Chiropractic Act, 1994***

Regulates the chiropractic profession in the province.

### ***The Dental Care Act***

Governs the department's former dental program and currently allows for the subsidy program for children receiving dental care in northern Saskatchewan.

### ***The Dental Disciplines Act***

Omnibus statute regulates the six dental professions of dentistry, dental hygiene, dental therapists, dental assistants, denturists and dental technicians.

### ***The Department of Health Act***

Provides the legal authority for the Minister of Health to make expenditures, undertake research, create committees, operate laboratories and conduct other activities for the benefit of the health system.

### ***The Dietitians Act***

Regulates dietitians in the province.

### ***The Emergency Medical Aid Act***

Provides protection from liability for physicians, nurses and others when they are providing, in good faith, emergency care outside a hospital or place with adequate facilities or equipment.

### ***The Fetal Alcohol Syndrome Awareness Day Act***

Establishes that September 9th of each year is designated as Fetal Alcohol Syndrome Awareness Day.

### ***The Health Districts Act***

Most of the provisions within this Act have been repealed with the proclamation of most sections of The Regional Health Services Act. Provisions have been incorporated with regard to payments by amalgamated corporations to municipalities.

### ***The Health Facilities Licensing Act***

Governs the establishment, regulation, and licensing of health facilities such as non-hospital surgical clinics.

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## **Appendix II: Summary of Saskatchewan Ministry of Health Legislation**

### ***The Health Information Protection Act***

Protects personal health information in the health system in Saskatchewan and establishes a common set of rules that emphasize the protection of privacy, while ensuring that information is available to provide efficient health services.

### ***The Health Quality Council Act***

Governs the Health Quality Council that provides objective, timely, evidence-based information and advice for achieving the best possible health care using available resources within the province.

### ***The Hearing Aid Sales and Services Act***

Regulates private businesses involved in the testing of hearing and the selling of hearing aids.

### ***The Hospital Standards Act***

Provides the standards to be met for services delivered in hospitals.

### ***The Housing and Special-care Homes Act***

Regulates the establishment, licensing and funding of special-care homes (long term care facilities) in the province.

### ***The Human Tissue Gift Act***

Regulates organ donations in the province.

### ***The Licensed Practical Nurses Act, 2000***

Regulates licensed practical nurses in the province.

### ***The Medical and Hospitalization Tax Repeal Act***

Ensures premiums cannot be levied under The Saskatchewan Hospitalization Act or The Saskatchewan Medical Care Insurance Act.

### ***The Medical Laboratory Licensing Act, 1994***

Governs the operation of medical laboratories in the province.

### ***The Medical Laboratory Technologists Act***

Regulates the profession of medical laboratory technology.

### ***The Medical Profession Act, 1981***

Regulates the profession of physicians and surgeons.

### ***The Medical Radiation Technologists Act***

Regulates the profession of medical radiation technology, but will be repealed once The Medical Radiation Technologists Act, 2006 is proclaimed in force.

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## **Appendix II: Summary of Saskatchewan Ministry of Health Legislation**

### ***The Medical Radiation Technologists Act, 2006***

Regulates the profession of medical radiation technology. Once proclaimed, this Act will repeal and replace The Medical Radiation Technologists Act.

### ***The Mental Health Services Act***

Regulates the provision of mental health services in the province and the protection of persons with mental disorders.

### ***The Midwifery Act***

Regulates midwives in the province.

### ***The Mutual Medical and Hospital Benefit Associations Act***

Sets out the authority for community clinics to operate in Saskatchewan.

### ***The Naturopathy Act***

Regulates naturopathic physicians in Saskatchewan.

### ***The Occupational Therapists Act, 1997***

Regulates the profession of occupational therapy.

### ***The Ophthalmic Dispensers Act***

Regulates opticians in the province.

### ***The Optometry Act, 1985***

Regulates the profession of optometry.

### ***The Paramedics Act***

Regulates paramedics and emergency medical technicians in the province.

### ***The Personal Care Homes Act***

Regulates the establishment, size and standards of services of personal care homes.

### ***The Pharmacy Act, 1996***

Regulates pharmacists and pharmacies in the province.

### ***The Physical Therapists Act, 1998***

Regulates the profession of physical therapy.

### ***The Podiatry Act***

Regulates the podiatry profession.

### ***The Prescription Drugs Act***

Provides authority for the provincial drug plan and the collection of data for all drugs dispensed within the province.

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## **Appendix II: Summary of Saskatchewan Ministry of Health Legislation**

### ***The Prostate Cancer Awareness Month Act***

Raises awareness of prostate cancer in Saskatchewan.

### ***The Psychologists Act, 1997***

Regulates psychologists in Saskatchewan.

### ***The Public Health Act***

Sections 85-88 of this Act remain in force in order that governing boards of some facilities can continue to operate.

### ***The Public Health Act, 1994***

Provides authority for the establishment of public health standards, such as public health inspection of food services.

### ***The Regional Health Services Act***

This Act addresses the governance and accountability of the regional health authorities, establishes standards for the operation of various health programs and will repeal The Health Districts Act, The Hospital Standards Act and The Housing and Special-care Homes Act.

### ***The Registered Nurses Act, 1988***

Regulates registered nurses in Saskatchewan.

### ***The Registered Psychiatric Nurses Act***

Regulates the profession of registered psychiatric nursing.

### ***The Residential Services Act***

Governs the establishment and regulation of facilities that provide certain residential services. Saskatchewan Corrections and Public Safety, Saskatchewan Community Resources and Saskatchewan Health administer this Act.

### ***The Respiratory Therapists Act***

Regulates the profession of respiratory therapists.

### ***The Saskatchewan Health Research Foundation Act***

Governs the Saskatchewan Health Research Foundation, which designs, implements, manages and evaluates funding programs to support a balanced array of health research in the province of Saskatchewan.

### ***The Saskatchewan Medical Care Insurance Act***

Provides the authority for the province's medical care insurance program and payments to physicians.

### ***The Senior Citizens' Heritage Program Act***

This Act provides the authority for an obsolete low-income senior citizens program.

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## **Appendix II: Summary of Saskatchewan Ministry of Health Legislation**

### ***The Speech-Language Pathologists and Audiologists Act***

Regulates speech-language pathologists and audiologists in the province.

### ***The Tobacco Control Act***

Controls the sale and use of tobacco and tobacco-related products in an effort to reduce tobacco use, especially among Saskatchewan young people and to protect young people from exposure to second-hand smoke.

### ***The Tobacco Damages and Health Care Costs Recovery Act (not yet proclaimed)***

Enhances the prospect of successfully suing tobacco manufacturers for the recovery of tobacco related health care costs.

### ***The White Cane Act***

Sets out the province's responsibilities with respect to services for the visually impaired.

### ***The Youth Drug Detoxification and Stabilization Act***

Provides authority to detain youth who are suffering from severe drug addiction/abuse.

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## Appendix III: Legislative Amendments

During the 2009-10 fiscal year, there was one Bill that received Royal Assent and came into force.

### ***The Ambulance Amendment Act, 2008***

Amendments to *The Ambulance Act* repealed of redundant sections of the Act.

Amendments to the Act repealed provisions related to the following areas:

- the operation of ambulance boards and ambulance districts as they no longer exist (sections 3 to 9 and 12 to 17);
- providing grants for emergency medical services; (section 42; section 9 of *The Regional Health Services Act* provides this authority to the minister);
- the regulation of paramedics (portions of section 43: the regulation making authority under the Act); and
- transitional provisions under the Act (section 45).

The Act received Royal Assent and came into force on May 14, 2009.

During the 2009-10 fiscal year, there was one Bill that was proclaimed in force

### ***The Respiratory Therapists Act***

*The Respiratory Therapists Act* grants the Saskatchewan College of Respiratory Therapists the right to govern and regulate respiratory therapists in the province. Sections 1 to 51 were proclaimed in force April 1, 2009.

The following Bills were introduced in the 2009-10 fiscal year, but did not receive Royal Assent until the 2010-11 fiscal year:

- *The Prescription Drugs Amendment Act, 2009* – received Royal Assent on May 20 2010; and
- *The Tobacco Control Amendment Act, 2009* - received Royal Assent on May 20, 2010.

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## Appendix IV: Regulatory Amendments in 2009-10

### **The Food Safety Regulations**

*The Food Safety Regulations* (replacing *The Public Eating Establishment Regulations*, *The Bakeshop Regulations*, 1986 and the food safety provisions in *The Sanitation Regulations*) were introduced to strengthen and consolidate the food safety requirements at public eating establishments and food processing facilities (e.g., bakeshops and small food processors). The regulations continue to require restaurant type facilities to have licenses issued by the regional health authority and allow regional health authorities or the ministry to disclose to the public in paper form or through the Ministry of Health website, information related to public health inspector inspections reports and enforcement of information associated with restaurants.

### **The Ambulance Amendment Regulations, 2009**

Amendments to *The Ambulance Regulations* repeal a number of sections that have become redundant due to changes in technology and the enactment of *The Paramedics Act*, *The Health Information Protection Act* and *The Regional Health Services Act*. Amendments to the regulations also clarify who an operator may employ as an attendant and address the future role the College of Paramedics will play with respect to assigning an attendant number.

### **The Attending Health Professions Amendment Regulations, 2009**

Amendments broaden the services that chiropractors and Nurse Practitioners (NPs) are permitted to provide, upon the request of a physician, to hospital in-patients and out-patients.

### **The Saskatchewan Medical Care Insurance Payment Amendment Regulations, 2009 (No. 2)**

Amendments to the regulations provide the authority for the Ministry of Health to update the payment schedule for insured dental services based on the existing agreement. The insured dental payment schedule, implemented October 1, 2009, provided for a general increase of 6.1% in fees for insured services. The incremental cost related to this fee schedule is estimated to be \$165,000 for the 2009-10 fiscal year.

### **The Midwifery Amendment Act, 2009**

Amendments to the regulations add intubation as an authorized invasive procedure that may be performed by licensed midwives in Saskatchewan.

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## **Appendix V: Saskatchewan Ministry of Health Directory of Services**

### **Regional Health Authorities**

[www.health.gov.sk.ca/regional-health-governance](http://www.health.gov.sk.ca/regional-health-governance)

or contact:

### **Local Regional Health Authority (RHA) offices:**

|                               |          |
|-------------------------------|----------|
| Athabasca Health Authority    | 439-2200 |
| Cypress RHA                   | 778-5100 |
| Five Hills RHA                | 694-0296 |
| Heartland RHA                 | 882-4111 |
| Keewatin Yatthé RHA           | 235-2220 |
| Kelsey Trail RHA              | 873-6600 |
| Mamawetan Churchill River RHA | 425-2422 |
| Prairie North RHA             | 446-6606 |
| Prince Albert Parkland RHA    | 765-6600 |
| Regina Qu'Appelle RHA         | 766-7792 |
| Saskatoon RHA                 | 655-3300 |
| Sun Country RHA               | 842-8399 |
| Sunrise RHA                   | 786-0100 |

### **Regional health authority annual reports**

<http://www.health.gov.sk.ca/health-region-list>

### **Saskatchewan Cancer Agency**

|           |          |
|-----------|----------|
| Regina    | 766-2213 |
| Saskatoon | 655-2662 |

**To report changes to the health registry, or to obtain a health services card, or for more information concerning health registration:**

Health Registration  
Ministry of Health  
100 – 1942 Hamilton Street  
Regina SK S4P 4W2

Regina: (306)787-3251  
Toll-Free within Saskatchewan: 1-800-667-7551  
Forms available online at [www.health.gov.sk.ca](http://www.health.gov.sk.ca)

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## **Appendix V: Saskatchewan Ministry of Health Directory of Services**

**For health information from a registered nurse 24 hours a day,**

call: HealthLine: 1-877-800-0002

HealthLine Online: [www.saskhealthlineonline.ca](http://www.saskhealthlineonline.ca)

### **Problem Gambling Help Line:**

1-800-306-6789

### **Smokers' HelpLine:**

1-877-513-5333

[www.smokershelpline.ca](http://www.smokershelpline.ca)

### **Saskatchewan Air Ambulance program**

Saskatoon: (306) 933-5255

24-Hour Emergency in Saskatoon: 933-5360

24-Hour Emergency Toll-free: 1-888-782-8247

[www.health.gov.sk.ca/saskatchewan-air-ambulance](http://www.health.gov.sk.ca/saskatchewan-air-ambulance)

### **Supplementary Health Program**

Regina: (306) 787-3124

Toll-Free within Saskatchewan: 1-800-266-0695

### **Family Health Benefits**

*For eligibility and to apply:*

Regina: (306) 787-4723

Toll-Free: 1-888-488-6385

*For information on what is covered:*

Regina: (306) 787-3124

Toll-Free: 1-800-266-0695

### **Special Support applications for prescription drug costs:**

Either contact your pharmacy, or

Regina: (306) 787-3317

Toll-Free within Saskatchewan: 1-800-667-7581

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## **Appendix V: Saskatchewan Ministry of Health Directory of Services**

### **Saskatchewan Aids to Independent Living**

(SAIL)

Regina: (306)787-7121

### **Out-of-province health services:**

Regina: (306)787-3475

Toll-Free within Saskatchewan: 1-800-667-7523

### **Prescription drug inquiries:**

Regina: (306)787-3317

Toll-Free within Saskatchewan: 1-800-667-7581

**To obtain refunds for out-of-province physician and hospital services, forward bills to:**

### **Medical Services Branch**

Ministry of Health

3475 Albert Street

Regina SK S4S 6X6

**To obtain refunds for out-of-province drug costs, forward bills to:**

Drug Plan and Extended Benefits Branch

Ministry of Health

3475 Albert Street

Regina SK S4S 6X6